MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. COUNTY b. COUNTY MARYLAND Dorchester Maryl and Dorchester b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give neatest town) RURAL and give negret town)
Cambridge Life Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION
Cambridge Maryland Hospital d. STREET ADDRESS S RESIDENCE ON A FARM? 18 Fairmount Avenue YES NOTE NAME OF 4. DATE Middle Last Year DECEASED OF DEATH (Type or print) Jane Lyte Burrs April 1961 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Haurs Female Negro WIDOWED TO DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Housewife Housewife Dorchester County, Md. USA 13. FATHER'S NAME William 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Maude Hughes, Cambridge, Maryland None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Heart Disease IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? Fracture right hip YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of ilem 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) a. m at work a si wark 21. I certify that I attended the deceased from December 1 19 56 to April 6. 19 61 that I last saw the deceased and that death occurred of ______M, from the causes and an the date stated above. olive on_ ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 227 Pine St., Cambridge, Md. P Edwin Fassett. M.D. 3 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION 22d. LOCATION (City, town, or county) (State) pode Burial Specify Cambridhe. Waugh Cemeterv Maryland

CODRESS

Cambridge

(State)

24b. REGISTRAR'S SIGNATURE

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240. REC'D BY REGISTRAR DATE APR 2 0 '61

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FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1990 CERTIFICATE OF DEATH

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OH	mo	OF	ba	the State Board of Health prior to buriol, cremotian, ar removal, and in any event, within 72 haurs ofter death.
TO HOSPITAL OR NIBING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer with. Pag	A	So TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the funeral direc	(4)	
15	M	9/3	59	

INDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

d	2660	CLIC	HIGAIL	OI DEATH			113513
	1. PLACE OF DEATH O DOT Chester	М	ARYLAND 2.	o. SMaryland		institution: Residence	
	b. CITY OR TOWN (If outside carparote limits, write RIRAN and give nearest town) 3 DHy3			c. CITY OR TOWN (If ou		write RURAL and give	e nearest town)
1	d. NAME OF HOSPITAL (If not in haspital, give Cambridge Maryland Ho			d. STREET ADDRESS R F D #2			e. IS RESIDENCE ON A FARM? YES NO 12
	3. NAME OF DECEASED (Type or print)	_	ddle ee I	Burton	4. DATE OF DEATH A	Month pril	26, Year 6:
	Mole	7. MARRIED NEVER MA	ARRIED B. D	December 27	9. AGE (In	hdoy) Months D	YEAR IF UNDER 24 HRS. ays Hours Min.
	100. USUAL OCCUPATION (Give kind of wark do during most of warking life, even if retired) Mechanic	Sewing Fac		Maryland	ir foreign country)		S A .
1	13. FATHER'S NAME Luther Burton		1	4. MOTHER'S MAIDEN N. Annie B			
1	1S. WAS DECEASED EVER IN U. S. ARMED FORC (Yes, no, or unknown) (If yes, give war or dates of ser			mant es Frances P.	hillips Ca	Address ambridge	Maryland
	PART I. DEATH WAS CAUSED BY: 4 2 2 DUE TO Canditions, if any, which gove rise to immediate couse (o), stating the under: DUE TO lying couse lost.	arties	Hero - pe	luste	CVI)	Te .	ONSET AND DEATH
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OTTIONS CONTRIBUTING FO	7		VIII.		(o) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Year Haur a.m. 19	20d. INJURY OCCURRED While Not while of work of work	factory	OF INJURY (Home, farm, , street, affice bldg., etc.)		(Co	unty) (Stote)
Ob.	21. 1 certify that (I) (this haspital) saw the deceased alive an 220. SIGNATURE		and that dea	th accurred at 10/	X //	(- /	that (I) (we) last date stated abave. 22b. DATE SIGNED
	230. BURIAL, CREMATION, 23b. DATE THEREON April 28		CEMETERY OR C	REMATORY Smorial Park	23d. LOCATION (City, Cambrid		(State)
	Le Compte Funeral Ser	rvice Cambric	lge Mar	yland 250. REC'I		b. REGISTRAR'S SIGN	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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1	o. COUNTY Jarchester MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE
	b. CITY OR TOWN (If outside carporate limits, write RURA) and give nearest fown) 31 442	CCITY OR JOWN (If outside comparate limits, write RURAL and give nearest town)
	OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \)
	3. NAME OF DECEASED (Type or print) Corrie Bebecca	Colbourne 4. DATE Month Day Year 1961
ç	S.SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11 BURTHPLACE (State or foreign country) 12. CITATEN OF WHAT COUNTRY?
)	13. FATHERS NAME MASKE	Trolline Marchen
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown)	logd Calboune, Secretary me
	Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost.	Christona of Resort ? 2 years T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OF CONTRIBUTION O	Result discrete PERFORMED? YES NO BY NO (Enter nature of injury in Part II or Part II of item 18.)
		LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 47 19 kg. I, and that 220. SIGNATURE	// 4/5
	Demen Dremmer. 22c. PHYSICIAN'S NAME (Type) DR. H. B. PLummer.	M.D. ATTENDING MED. STAFF PHYS. PHYS. 4/15/6 22d. ADDRESS Preston Ind
	200 RURIAL, CREMATION, 23b. DATE THERBOY, 23c NAME OF CEMETERY CORNEL Specific	Market Cast Kew Market (State)
1	24 FUNERAL DIRECTOR'S SIGNATURE I HOTELLY ADDRESS Y	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CALLY DATE APR 1 9 '61 CIVILING S. KNOWN

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

TO HOSPITAL death. Page 4

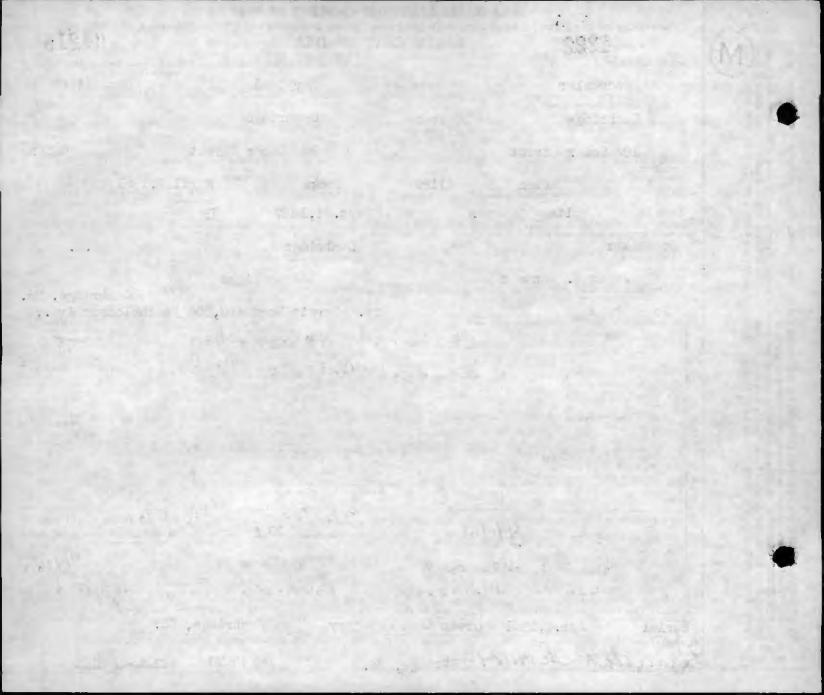
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hours after

MARYLAND STATE DEPARTMENT OF HEALTH

of statistical research and records, 301 w. preston street, Baltimore 1, Maryland (14215)

The second secon	The Part of the Pa					
1. PLACE OF DEATH o. COUNTY				institution: Residence before admission		
Dorchester	MARYLAND	Maryland b. COUNTY Dorchester				
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest lown)	c. LENGTH OF STAY IN 16			RURAL end give neerest lown)		
Cambridge	36 years	Cambr	idge			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?		
104 Cedar Street		1 104 C	edar Street	YES NO		
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer		
(Type or print) Helen	Alice	Cooke	DEATH Morril	2,1961 19		
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 18	DATE OF BIRTH	9. AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.		
Female White WIDOWE		00 T 00 1 000	last birthdey)	Months Days Hours Min.		
1 1112	IND OF BUSINESS OR INDUSTR	Sept.21,1887	nty & Stete, or foreign country)	12, CITIZEN OF WHAT COUNTRY		
done during most of working life, even if refired)	NICOURI ACT CCAMICOR TO CAM	II. BIKITITACE (COU	my a siere, or roreign country)	THE STREET OF WHAT COUNTY		
Momemaker		Cambridge		U.S.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
James E. Thoma s		Emm	a Figgs			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	Cambridge, Md		
(Yes, no, or unkown) (If yes give we ror detect fservice)	5.0	72 41 20	2 200/ 7	- ,		
NO 18. CAUSE OF DEATH (Enter only one ceuse per	Mr:	s. Kermit W	oodward, 306 Pe	achblossom Ave.		
PART (, DEATH WAS CAUSED BY:		1 11.	1	ONSET AND DEATH		
IMMEDIATE CAUSE (e)	Cerebra	1 Hemi	overhage	27/12/8/		
331X DUE TO			, ,	- Halan		
Conditions, if eny, which (b)	(erebral	ALTERIO	osclerosi	s smouth		
gave rise to immediate cause	es spidi			-		
(e), stating the underlying DUE TO						
ceuse lest. (c)	TAINING TO BE AT LITTLE OF		NAME OF TAXABLE OF TAX	EN IN PART 1(e): 19. WAS AUTOPSY		
PART II. OTHER SIGNIFICANT CONDITIONS COL	VIRIBUTING TO DEATH BUT NO	I KELATED TO THE TERMI	NAL DISEASE CONDITION GIV	PERFORMED?		
				YES NO		
	CRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Pert II of item 18.)			
				16		
20c. TIME OF INJURY Month, Day, Year 20d.		CE OF INJURY (Home, far. ory, street, office bldg., etc.		(County) (State)		
Hour e.m. 19 et wol						
21. I certify that (I) (this hospital) atten	ded the deceased from	3/20/61	19 to 4/2	- /6 19 that (1) (we) la		
saw the deceased alive on	6.1.19, end that	death occured at 1	O. A, from the causes	and on the date stated above		
22e. SIGNATURE		ATTENDING	MED. STAFF	226. DATE		
Jameno Ma	yanov M		DIRECTOR PHYS.	1/4/6		
22c, PHYSICIAN'S		22d. ADDRESS	CO	, 1 11		
NAME (Type) Lawrence /V	laryanov	136 /3	CEST. Cam	bridge, Mid		
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)		
REMOYAL (Specify) Apr. 4, 1961	Green Lawn Cem		Cambridge, Mc			
			1			
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. RE	DISTRAK S SIGNATURE		
Dervellet ourno	Cambridge Md	DATE	APR 1.0 '61	7-71-9 6		



o. STATE

d. STREET ADDRESS

MARYLAND

BISHOPS HEAD, MARYTAND,

2So. REC'D BY REGISTRAR

DORCHESTER.

b. CITY OR TOWN (If putside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

RURAL and give nearest town) CAMBRIDGE, MARYLAND.

24 FUNERAL DIRECTOR'S SIGNATURE

PLACE OF DEATH

OR INSTITUTION

a. COUNTY

MARYLAND

c. LENGTH OF STAY IN 16

DAYS

DORCHESTER.

Day

20

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

Haves

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

___, that (I) (we) lost

22b. DATE

(Stote)

SIGNED

(State)

IF UNDER 1 YEAR IF UNDER 24 HRS

Davs

(County)

25b. REGISTRAR'S SIGNATURE

Circling & Huger

b. COUNTY

Manth

YES.

Address

Months

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

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hay be retained to haspital ar attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	oage 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2-shauld be titled with	State Boo

ENDING PHYSICIAN: The law requires that the death certificate be executed

VR A15 (4)

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within 24 hours off

CAMBRIDGE MARYLAND HOSPITAL NONE NAME OF First 4. DATE Middle Last CLARA LEHMAN DAWSON DEATH (Type or print) APRIL 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH last birthday) FEMALE WHITE WIDOWED | DIVORCED [10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) HOUSEWHOLD HOUSEWIFE MARYLAND 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME AMBROSE DAWSON ONEA SHROUT WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO LE COMPTE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gave rise to immediate **DUE TO** cause (o), stating the underlying cause lost TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.) Hour a.m. While Not while p. m. at work at work 21. I certify that (1) (this hospital) attended the deceased from. ond that death accurred at2 sow the deceased alive on, M. from the couses and on the date stated above. 22a, SIGNATURE ATTENDING STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23d. LOCATION (City, town, or county) REMOVAL (Specify) DORCHESTER CAMBRIDGE. MARYLA

ADDRESS

FUNERAL SERVICE, CAMBRIGE, MARYLAND. DATE APR 2 7 '61

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

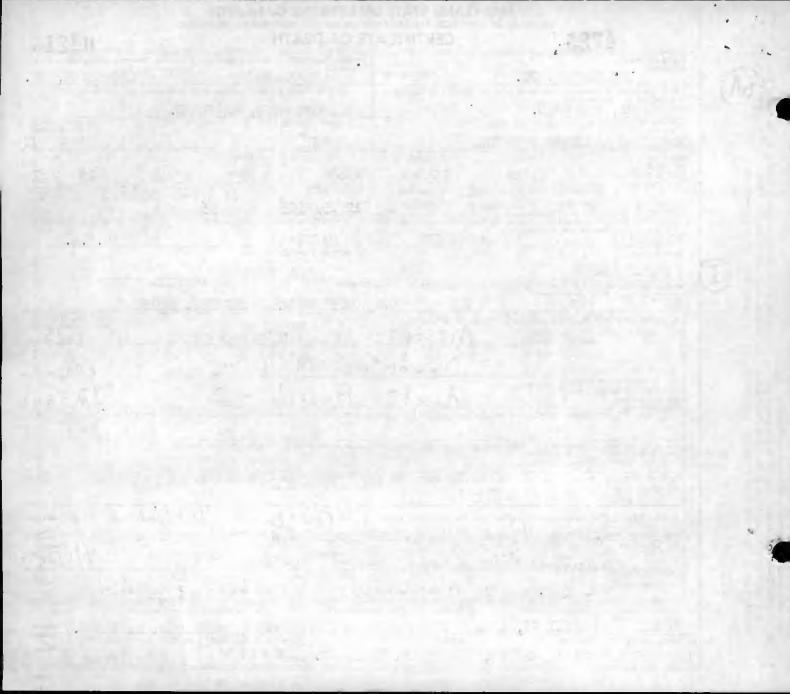
e. IS RESIDENCE

ON A FARM?

YES NO T

Year

1967



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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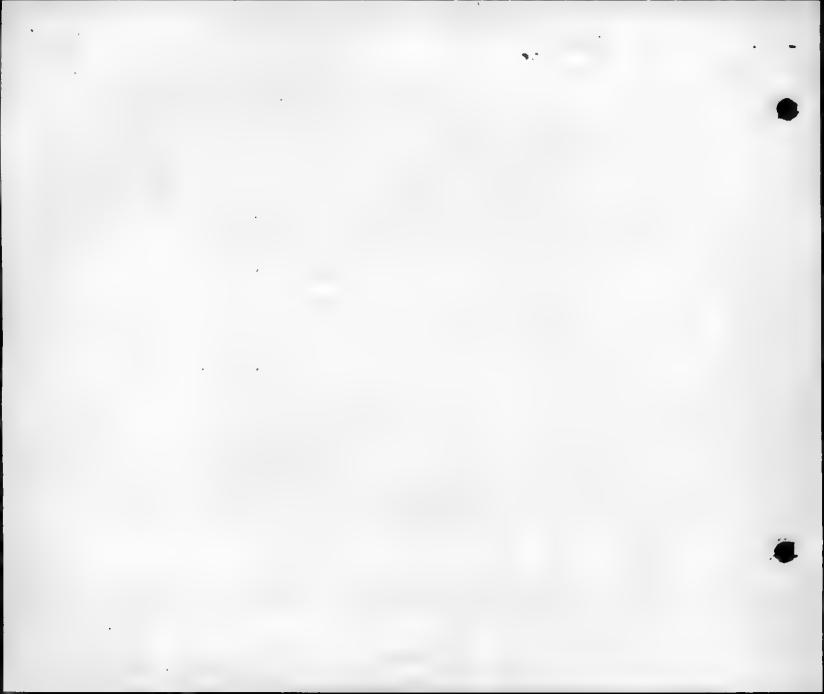
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	TIC NO X							7 4	J. J. S.
o. COUNTY DO	rchester		MARYLAND	2. USUAL RESIDENCE (WH	nere deceased	lived. If institute b. COUNTY	Dorche		ssion)
b CITY OR TOWN RURAL and give Cambr	(If outside corporate limit gearest town) Lage	s, write	c. LENGTH OF STAY IN 16	Cambridge	outside corpor	ote limits, write R	JRAL ond give	nearest tow	rn)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospitol, g Phillips Ave	ive street c	-	d. street adoress 109 Phil	lips A	ve		ON	SIDENCE FARM?
NAME OF DECEASED (Type or print)	Fin Et1		Midd'e Gill	Dayton	4. DATE OF DEATH	Mon Apr		Day	Year 19 61
Female	White	WIDOWE			or foreign co	9 AGE (In years lost birthday) 80 yrs.	Months Do	ys Hours	Min.
	orking life, even if retired	(own home	Middletow		ware		USA	l
John Dru	mmond			Racheal D		a l			
	VER IN U. S. ARMED FOR	CES2 16. 5	SOCIAL SECURITY NO. 17, IN	IFORMANT	tr. mittio 1	Add	ess		
NO no. or unknown)	(If yes, give wor or dates of se	Prvice)		rs Crawford R	lichard	lson Cam	bridge	Mary	land
Conditions, if gove rise to couse (a), statin lying couse los	immediate DUE TO		ARTERIO SC		HEA		SEASE		NEC
PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?									
OR CONTRIBUTION (IF EITHER, NOTIL	WAS UNDERLYING TO NG CAJSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Port i ar Port	II of item 1B.)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o.m. 19 While of work of work 19 work 19 to wor									
	21 I certify that (I) (this hospital) attended the deceased fram. 6/15, 1960, to 4/24, that (I) (we) lost sow the deceased olive on. 4/10 1961, and that death occurred at 4/10, from the causes and on the date stated above.								
220 SIGNATURE	ud R. Vn	anyo	mv	M D. PHYS 📂 D	IED IRECTOR [STAFF PHYS		4/	SIGNI
22c. PHYSICIAND NAME (Type		O F	2. MARYAN	22d ADDRESS 136 RF	CE	ST.	CAN	ивк	LID6
PEMOVAL Speci Burial	ion, 23b. date therec		234 NAME OF CEMETERY O 61 Bethesda			ION (City, town, daletown	Delewa		ote)
24 FUNERAL DIRECTO			ADDRESS	25o. REC	D BY REGIST	RAR 255, REGI	STRAR'S SIGNA		
The Compte	Funeral Ser	Arce	Cambridge Ma	ry Land DATE A	PR 2 7 '8	51 C	when & of	Traus	

may be retoined to hospital an attending physician.

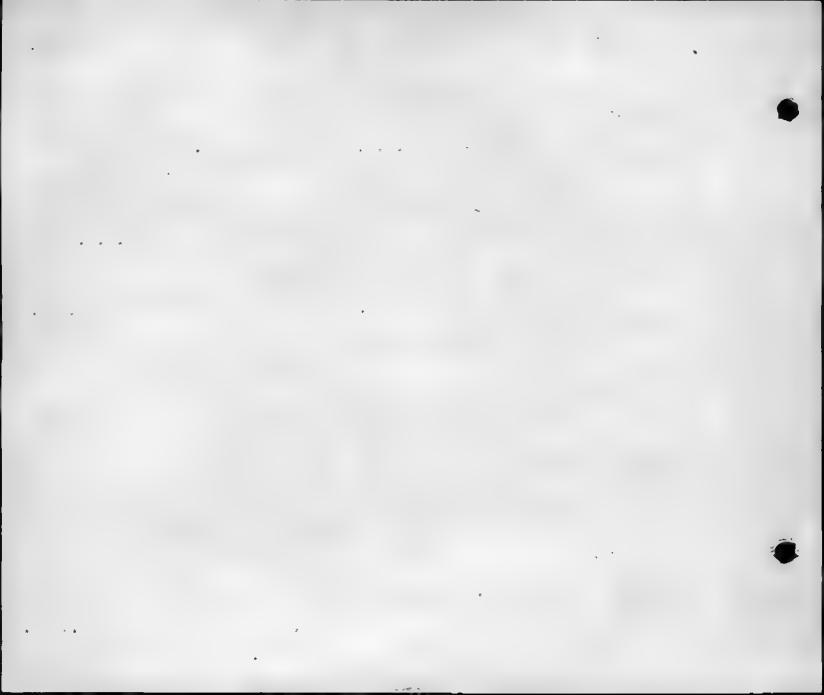
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. NDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR VR A15 (4) 15M 9/59

ith. Page 4



MARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1. MARYLAND** Division of STATISTICAL RES FOR STATE HEALTH DEPT 1. PLACE OF DEATH director, Page or vour files. a. COUNTY a. STATE Dorchester MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 for your write RURAL and give nearest town) Life Cambridge Cambridge Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS 3 to the funeral be retained State I Academy Cambridge Maryland Hospital 3. NAME OF DATE DECEASED OF 节 (Type or print) DEATH Maggie Maa Delaha ×ih 5. SEX 6. COLOR OR RACE 7. MARRIED PHEVER MARRIED 8. DATE OF BIRTH may and 2 w last birthday) 2, and Female Ya WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) form PM3. Page done during most of working life, even if retired) Maryland in pencil in Item 18. Give Pages Housewife Home pages wilhin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Todd Unknown This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyas give war or detes of service) permit. With Mrs. Howard Wallace 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] Office along burial-transit p PART I. DEATH WAS CAUSED BY: Pue IMMEDIATE CAUSE (e) Coronary occlusion DUE TO removal, Conditions, if any, which (6) gave rise to immediate cause "pending" Examiner's 40 DUE TO (a), sletting the undarlying 95 cause lest. pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY CERTIFICATION cremati ease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part i or Part ii of itam 18.) PRIMARY TO or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Day, Yeer Not While factory, street, office bldg., atc.) While Hour e.m. al work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy [Inspection 🔼 agent, Natural causes X Suicide death resulted from. Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPLITY MEDICAL EXAMINER EXAMINER'S John Mace NAME (Typa) Address (Street, city, town, or county) 228, BURIAL, CAPMATION, 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) East New Market Cem. Q Burial <u>7</u>40 ਰ 23. FUNERAL DIRECTOR ADDRESS 248. VS. A15ME Funeral Service East New Market Willoughby n '61 5M 7/59

2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) b. COUNTY Dorchester c. C.TY OR TOWN (If outside corporete limits, write RURAL and give nearest town) IS RESIDENCE ON A FARM? YES NO K Day Year 19 61 April AGE (In years I IF UNDER I YEAR) IF UNDER 24 HRS. Months Min. House 12. CITIZEN OF WHAT COUNTRY? U.S.A Church Creek, Md. Instant PERFORMED? NO (County) (Stata) Inquiry and in my opinion Undetermined manner DATE SIGNED 22d, LOCATION (City, town, or country) East New Market. REC'D BY REGISTRAR 1 24b. REGISTRAR'S SIGNATURE Chilling S. Kraus



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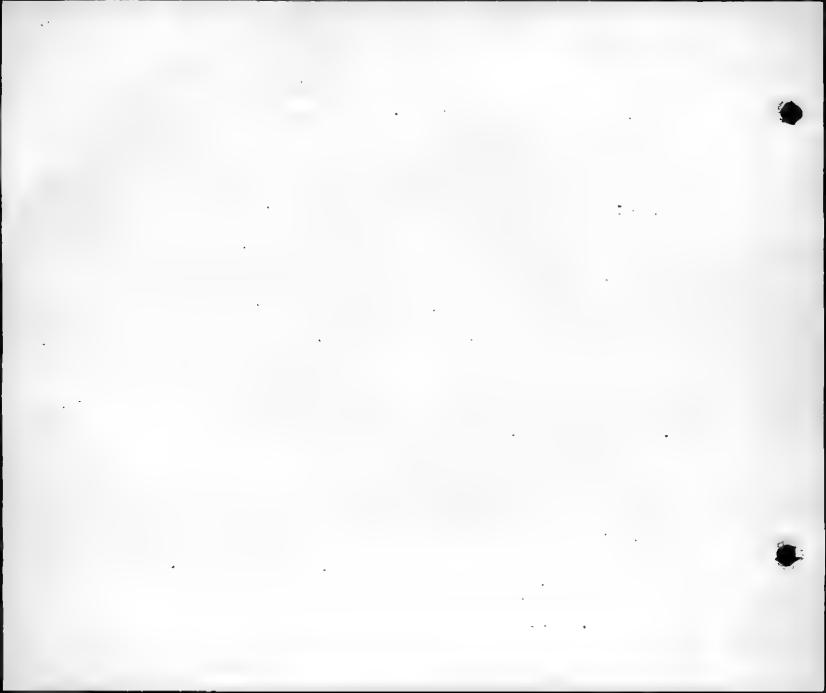
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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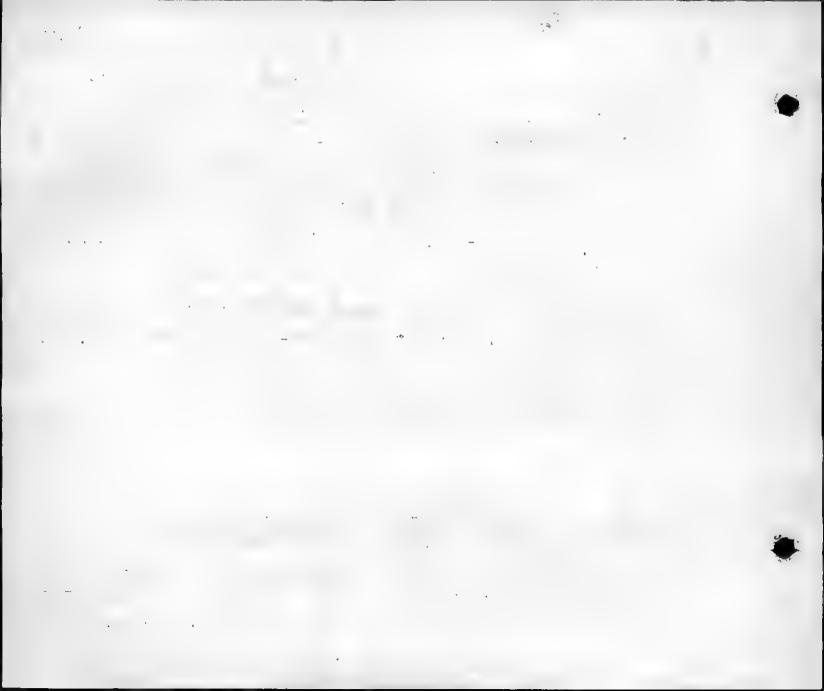
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CERTIFICATE OF DEATH Rea. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed. o. COUNTY 6 COUNTY MARYLAND Dorchester Talbot Marvland the funeral shauld be fil b CITY OR TOWN (if outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) days St. Michaels Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS OR INSTITUTION ON A FARM? Eastern Shore State Hospital 25 YES NO IX Ξ NAME OF 4. DATE Middle Local Month Day Year filled DECEASED OF (Type or print) DEATH Louise Hall April 18 1967 Laura S. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | IF UNDER TYEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years 827 yrs Months Davs White plet Female WIDOWED | DIVORCED [papers. COM 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) STMIGHAELS II.S.A.? and carban MICH OWN ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remave hours SOCIAL SECURITY NO. INFORMANI Address attending F Eastern Shore State Hospital records egse 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 늅 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerosis with Cardio-vascular disease Sev. yrs. DUE TO permit. Conditions, if ony, which gned gave rise to immediate DUE TO couse (a), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? burial-tr YES NO TO 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Doy, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) foctory, street, office bldg., etc.) Hour q. m. While Not while of work of work L-18 1961 that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 11:20PM, from the causes and an the date stated above. 6 alive an delac ADDRESS (Street, city or town, state) DATE SIGNED FUNERAL DIRECT prior þ Eastern Shore State Hospital 3 should PHYSICIAN'S Cambridge, Maryland Simon Virkutis, M.D. L-19-6 NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) page may 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) DATE PR 2 4 '61 1SM 9/SB ma

LAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

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→ P\$ No ∈ 7				P(-	eg. Dist, No	1 CAG
1. PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE	(Where decease	sed lived. If institutions	Residence befo	ore admission]
Dorchester	MARYLAND		yland	b. COUNTY	Dorche	ester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside corp	porote limits, write RURA	L and give ne	carest fown)
Cambridge	Life	Can	bridge	е		
d. NAME OF HOSPITAL (II not in hospital, give stree OR INSTITUTION		d. STREET ADDRES				e. 15 RESIDENCE ON A FARM?
Cambridge Maryland	l Hospital	407	High	Street		YES NO 🔼
3 NAME OF First	Middle	Lost	4. DATE	Month	Do	ay Yeor
(Type or print) Bertie Payton		rt	DEAT	whi."		1961
5. SEX 6. COLOR OR RACE 7. MAI		B DATE OF BIRTH			UNDER 1 YEAR	R IF UNDER 24 HRS.
Female Negro widow		Aug. 20,	1902	58 yrs.		
10a USUAL OCCUPATION (Give kind of work done 10k during most of working life, even if retired)			_	**		OF WHAT COUNTRY
Seamstress	Seamstress			County, Md	•	USA
13. FATHER'S NAME		14. MOTHER'S MAID				
<u>Charles Pay</u>	~ ~ ~ .		Hari		amara	
[Yes, no or unknown] [If yes, give wer or dates of service]	SOCIAL SECURITY NO. 17 H			Address		
		Villiam Ha	irt, C	ambridge,	Maryl	Land
18. CAUSE OF DEATH [Enter only one couse per	ine for (a), (b), and (c).				INT	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebral Va	scular He	morrhs	age		3days
H H 3X DUE TO						
	ypertensive	Cardiovas	cular	Disease		
gave rise to immediate couse (a), stating the under-						
lying couse lost. (c)						
PART 11. OTHER SIGNIFICANT CONDITIONS 200 ACCIDENT WAS UNDERLYING 1205. DE OR CONTRIBUTING 1205. DE OR CONTRIBUTING 1205. DE OR CONTRIBUTING 1205. DE OR CONTRIBUTING 1205. DE	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TI	ERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(a)	PERFORMED?
	SCRIBE HOW INJURY OCCURRED), (Enter noture of injury	y in Part I or Pi	ort II of item 18.)		
	l los	ACE OF INJURY (Home, fory, street, office bldg)	form, 20f. (Ci	ly or lown)	(County)) (State)
Hour o.m. While p. m. 19 of we	Not white	iory, sireer, ornice plog ,	eic.j			
21. I certify that I attended the decea	sed from April 10	. 1961 ta	April	14. 161	hat I last s	row the decease
alive on April 14 19	_					
	1			(Street, city or town, stat		DATE SIGNE
SIGNATURE Kar Fash	ブ	_{M.D.} 227 P	ine St	c., Cambri	ldge	4-15-61
PHYSICIAN'S J. Edwin Pass	ett.M.D.					
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c NAME OF CEMETERY OF	R CREMATORY	22d LOC	ATION (City, tawn, or ci	ounty)	(State)
Burial 4/16/1961	Bethet Ceme				Maryla	
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR 246 REGISTRA		
MILA. 14 1 1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1	W/ Comhai	deo Mal	300 7 D	163 / 0.7	1 . 9 4.	***

may be retained the haspital or attending physicion.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, as remayol, and in any event within 72 hours after death.

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

death! Page 4

TO HOSPITAL OF VS A15 (4) 15M 9/SS



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may be retained the haspital or attending physician.

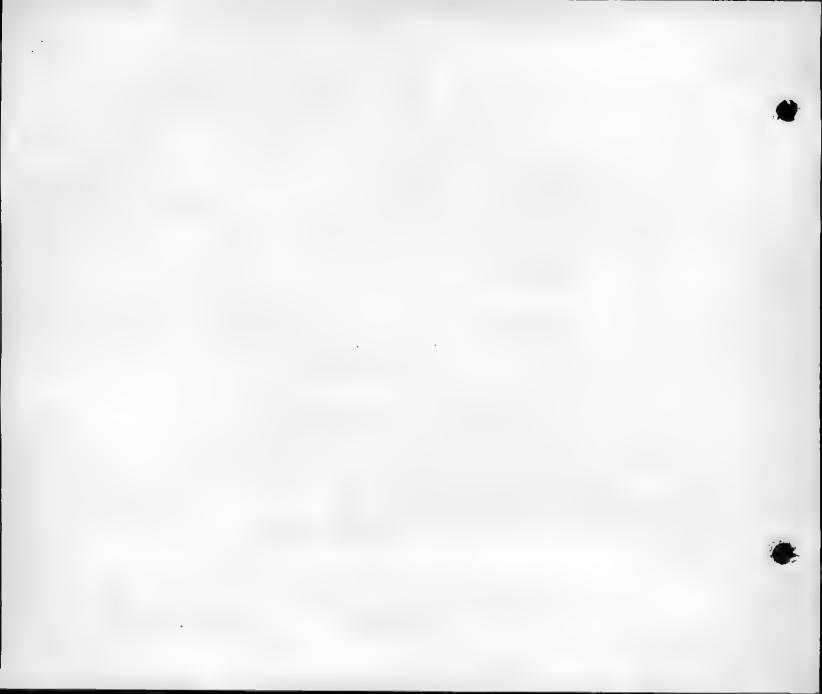
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

EXENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR

VR A1S (4) 15M 9/59 04223

\ I		0 14 0				
)	1 PLACE OF DEATH a. COUNTY DORCHESTER 2. USUAL RESIDENCE (Where deceased lived If institution: Residue). STATE b. COUNTY DORCHESTER MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residue). STATE b. COUNTY DORCHESTER	ence before admission)				
	b. CITY OR TOWN (If outside carporate limits, write c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carporate limits, write RURAL one RURAL one give nearest tawn)	d give nearest town)				
,	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTERN SHORE STATE (†05 CITAL) OR INSTITUTION	e. IS RESIDENCE ON A FARM? YES NO D				
	3. NAME OF DECEASED (Type or print) WALTER EVERETT HASTINGS DEATH APRIL	Day Year 2 196/				
		PRIYEAR IF UNDER 24 HRS Days Hours Min				
	during most of working life, even if retired)	TIZEN OF WHAT COUNTRY?				
	3ALES MAN UNKNOWN MARY LAND. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME	<u> </u>				
	VOHN W. HASTINGS THEORA SMOOT					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, of unknown) (If yes, give wor or dotes of service) (Yes, no, of unknown) (If yes, give wor or dotes of service) (Yes, no, of unknown) (If yes, give wor or dotes of service) (Yes, no, of unknown) (If yes, give wor or dotes of service) (Yes, no, of unknown) (If yes, give wor or dotes of service) (Yes, no, of unknown) (Y	EY N. J.				
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CORONARY CRC 1 0 3/0 N					
	Canditians, if ony, which \\ \(\begin{align*} \text{DUE TO} \\ \text{Canditians, if ony, which} \\ \text{O} \ \text{ARTERIC SCLEROSIS} \\ \text{Canditians, if ony, which} \\ Canditians, if one which is a conditional which is a conditional which is a conditional which is a condition which is a conditional which is a conditional which is a condit					
	gave rise to immediate couse (a), stating the under	UNKNOWN				
	lying couse last (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P. 2002 ACC DENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF	ART I(o) 19. WAS AUTOPSY PERFORMED? YES NO				
7						
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED While Nat while at wark of wa	(County) (State)				
	21 1 certify that (1) (this hospital) attended the deceased from FEB 25 . 1960, to APRIL 2, 19.	€_L. that (I) (we) last				
	saw the deceased alive an APBIL 2 1961, and that death accurred at R.P.M. from the causes and an t					
j	220. SIGNATURE Guaran / hanhe M. PHYS DIRECTOR STAFF PHYS	22b. DATE SIGNED APRIL Z / PG				
	22c PHYS CAN'S NAME (Type) C = 20.0 = 42 A DATE TO THE TOTAL TOTA	<i>y</i> -				
	230 BURIA, CREMATION 236 DATE THEREOF 236, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county	70.				
4	236 BJRIA., CREMATION 23b DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY REMOVAL Specify) April 5, 1961 Galestown Cemetery Galestown, Maryl					
4.4	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S					



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 4223 CERTIFICATE OF DEATH

4.0.3	
1. PLACE OF DEATH DOLCHESTER. MARYLAND	a. STATE Nath and b. COUNTY Dozente Defore admission)
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Rupl and give represt town of Q e - 31 nee 10/25/57	. Madisor, MARYLAND.
d. NAME OF HOSP TAL (If not in Hospital, give street address) OR INSTITUTION ELIOTERN SHOTE State HOD Filal.	d. STREET ADDRESS O 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) 4. Care Stell	effazzington DEATH Wipzie 15 1961-
S SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in fears IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (in fears IF UNDER 1 YEAR IF UNDER 1 YEA
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION OF BUSI	STRY 17. BIRTHPLACE (State or foreign country) Mary Lawa. 12. CITIZEN OF WHAT COUNTRY? CL. S. A.
Frank Scheplen.	6 Cizabeth FOOD.
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. IN (19s. no. or unknown) (If yes, give wor or dotes of service)	Hospital Records.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO CEL 2.14	Urteriosclerosis with interval BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under-	(10 vaseume 2 x 1 mm = 1
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 124
OR CONTRIBUTING CAUSE OF DEATH	D. (Enter noture of injury in Part I or Part II of item 18.)
S 20c TIME OF INITIES Month Day Year 20d INITIES OCCUPRED 20e PL	ACE OF INITIBY (Home form 206 (City or town) (County) (State)

Hour o. m. Wh.le Not while at work at work p. m.

foctory, street, office bldg , etc.)

(Stote

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10/ and that death accurred at 1.5 M, from the causes and an the date stated above 19.6/: that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram, saw the deceased alive on # prize 15 .1961, and that 22a SIGNATURE 22b, DATE SIGNED ATTENDING PHYS MED DIRECTOR STAFF PHYS.

22c. PHYSICIAN'S NAME (Type)

M.D. 22d. ADDRESS

23a BURIAL, CREMATION, DEMOVAL (Specify) A 1 23d. LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY

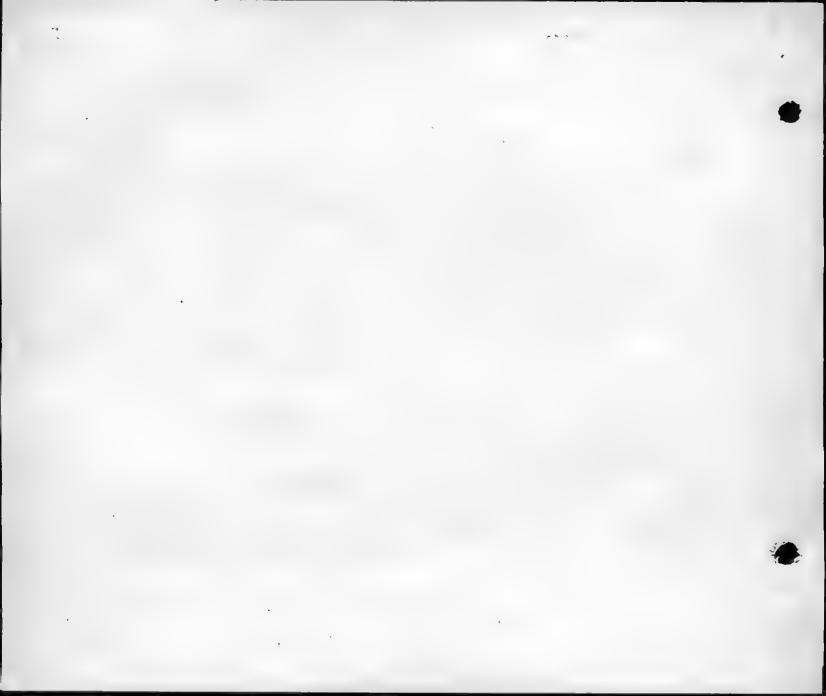
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250 BY REGISTRAR 8 '61 DATE APR

25b, REGISTRAR'S SIGNATURE

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TO HOSPITAL OR may be relained



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the function, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours ofter death.

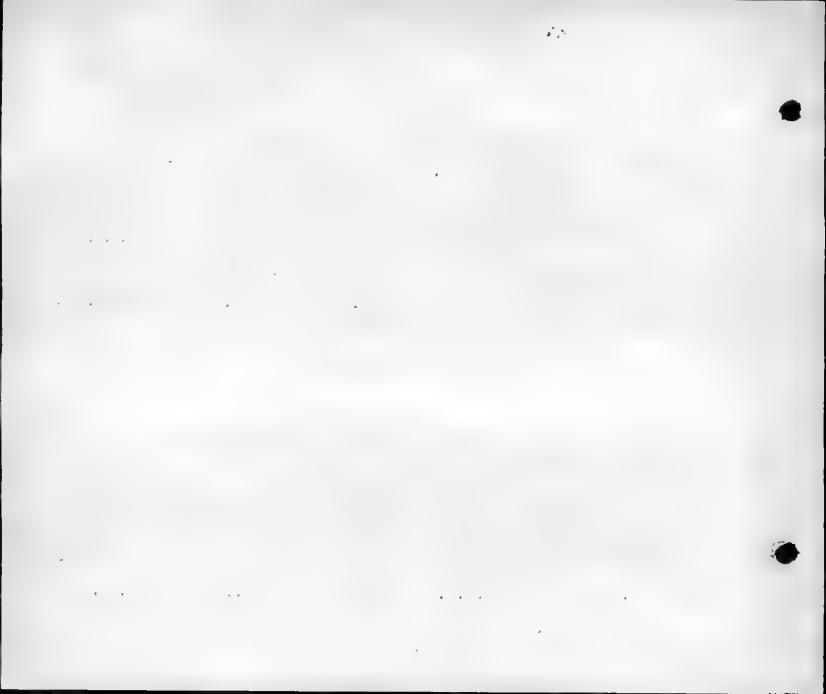
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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs off

TO HOSPITAL OR

VR A15 (4) 1SM 9/S9

7	1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE Maryland b COUNTY Dorchester							
Å	b. CITY OR TOWN (If autside carporate limits, write RURAL and age negrest dawn) Cemoriage	3 months		New Market - I						
7	d. NAME OF HOSPITAL ("If not in hospital, give street of OR INSTITUTION Cambridge-Maryland		d STREET ADDRESS Thoma	e IS RESIDENCE ON A FARM? YES NO A						
	3. NAME OF DECEASED (Type or print) Edith	Middle E •	Henry	4. DATE OF April	29 19 61					
	s. sex 6 color or race 7. marri	D DIVORCED	B. Date of BIRTH December 7,		Manths Days Haurs Min.					
	10a. USJAL OCCUPATION (Give kind af work dane during most of working life, even if retired) HOUSEWORK 13. FATHER'S NAME	Home	USTRY 11 BIRTHPLACE (Stote or foreign country) Hurlock, Maryland 14. MOTHER'S MAIDEN NAME							
1	Eugene Coleman		Susie A.	Harris						
		SOCIAL SECURITY NO 17 IN	IFORMANT		lress					
		61-14-0331 M	rs. Bertha Do	ockins, East No	ew Market, Md.					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY GARDING CAUSE (a) Gardiac Decompensation Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) Hypertensive Arteriosclerotic Heart Disease DUE TO (c)									
di-	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO NO					
		RIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Part I or Part II of item 18.)						
	Haur a.m. While	Not while at work 20e PL	ACE OF INJURY (Hame, forectary, street, affice bldg., et	n, 20f. (City ar town)	(Caunty) (State)					
•	21 I certify that (I) (this hospital) attends saw the deceased alive on a pril 2 22a (GNATJ) 22c PHYS(C.AN'S, NAME (Type) J. Edwin Fassett	9_19_61 and that d	M D ATTENDING PHYS 22d. ADDRESS	OMP AM the causes a STAFF PHYS St., Cambr	nd on the dote stated above 22b DATE 5-2-61					
1,	230, BURIAL, CREMAT ON, 23b DATE THEREOF REMOVAL (Specify) Burial May 3, 1961	23c NAME OF CEMETERY O	Cemetery	Near East No	ew Market, Md.					
	J.J. Framptom and Son, Fede	rland 250. REC		ISTRAR'S SIGNATURE						



CERTIFICATE OF DEATH

by the funeral ours after

TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 the benefit of the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in I director, page 3 should be detached for use as the burial-transit permit. If an please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 9/60

Seath Track

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2400	CERTIFICATE C	OF DEATH	F	04226
I. PLACE OF DEATH	2	. USUAL RESIDENCE (Where		esidence before edmission)
Dorchester	MARYLAND	a. STATE Maryland	b. COUNTY	chapter
b. CITY OR TOWN (if outside corporeta limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co.	rporata limits, write RURAL end	give neerest town)
Combrige	10 " r: "	(ihride		
d. NAME OF HOSP TAL OR INSTITUTION (if not in h	rospitel, g ve street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
R. V. 2		H.D. 2		YES 🔲 NO 🔯
3. NAME OF First DECEASED	Middle	Lasi 4. DATE	Month	Dey Year
(Type or print)I,ewis	Henry	Hickman DEAT	ADT11 4. 190	
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED 8. D	ATE OF BIRTH	9. AGE (In yeers If UNDER I last birthday) Months !	YEAR IF UNDER 24 HRS. Days Hours , Min.
Male Thite woo		bruary /3,1918	43 yrs.	
dona during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (County & State, o	or foreign country) 12. CIT	ZEN OF WHAT COUNTRY?
Radio Operator Sheriff's 0		Faston, Md.	_	U.S.
13. FATHER'S NAME	14	I, MOTHER'S MAIDEN NAME		
Frank L. Hickma		G.Myrtle Humm		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	6. SOCIAL SECURITY NO. 17. INF	ORMANT	Address	
Yes World War 1	271-10-2853 Mrs.	Tith C. Hickman	, onbridge, id.	R. D. SETWEEN
PART I. DEATH WAS CAUSED BY:		- 1-		ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary_occlusion	oir		5 minutes
J2U. DUE TO	Cononent solemes	å a		mantha +
Conditions, if any, which (b) geve rise to immediate cause	Coronary scleros	ws.		2months_+
(e), steting the underlying DUE TO				
	 Ontributing to death but not r	ELATED TO THE TERMINAL D SEAS	E CONDITION GIVEN IN PART	1(a)1 19. WAS AUTOPSY
Patient had Myocardial 208. Accident was underlying (1 contributing (1 cause of Death (1) (1) Either, notify Medical Examiner).				PERFORMED?
20s. ACCIDENT WAS UNDERLYING [1 20b. D	ESCRIBE HOW INJURY OCCURED. (E		II of item 18.]	163 110 <u>104</u>
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Not	ne		
ZOc. TIME OF INJURY Month, Day, Year 200	d. INJURY OCCURRED 200. PLACE	OF INJURY (Home, farm, ' 2Df. (C	ily or town) (Cou	nty) (State)
	hile Not While factory,	, street, office bldg., etc.)		
21. I certify that (I) (1773 hospital) atte		2-28-61 2 19 10	4-4-61 19	that (1) (3630 last
	119.61 , and that de			
22e. SIGNATURE		1		22b. DATE
Eldrider H. M.	TORKS MO	PHYS. DIRECTOR	PHYS.	4-6-6/
22c. PHYSICIAN'S NAME (Type)	7/	22d. ADDRESS		
Eldridge H. Wolff, M	1.D.6	15 Locust St.	Cambridge, Ma	ryland
238. BURIAL, CREMATION, 235. DATE THEREOF	23c. NAME OF CEMETERY OR		CATION (City, town or count	
Biri. I April 7,1961	Windy Mill Cene		Ty Will, Md.	
24 SUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2Se REC'D BY REGI	STRAR 256. REGISTRAR'S	
Jewille F. Ohou	wo bridge, in	DATE APR 1 0	161 Outhur 2	7 Craus



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may be retained FUNERAL DIRECTOR:

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VS A15 (4) 15M 9/5B

physician **burial-transit**

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Pages

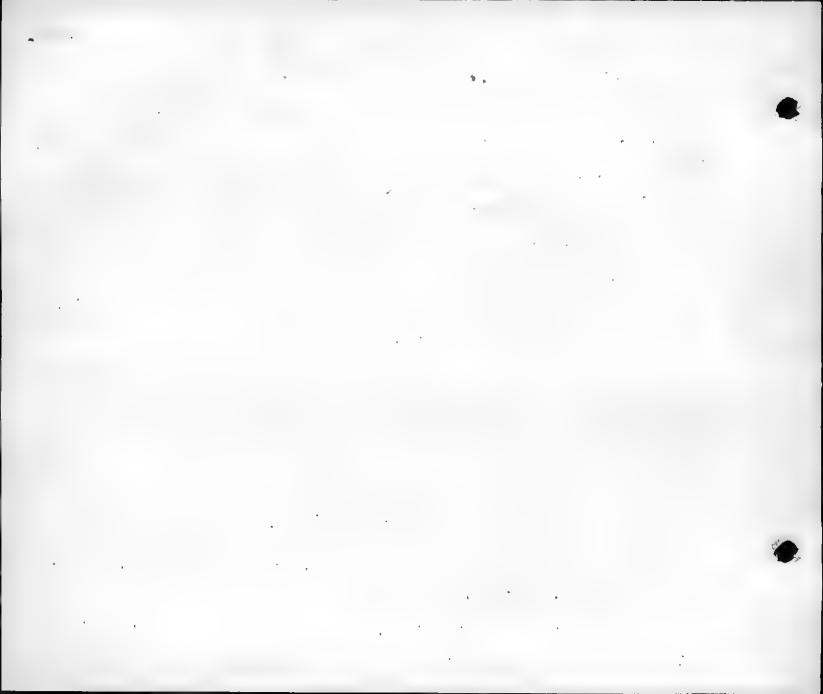
papers.

9 physician

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please

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

04929

)	6235 CERTIFICATE OF DEATH	0 4 2 9 0							
	a COUNTY	deceased lived (if institution Residence before admission) b. COUNTY							
	DORCHESTER MARYLAND MARYLAND	AND JALBOT V							
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest lawn)	de carporate limits, write RURAL and give nearest tawn)							
	CAMBRIDGE SMONTHS OXFORD								
	d. NAME OF HOSPITAL (tf nat in haspital, give streel address) OR INSTITUTION d. STREET ADDRESS	e IS RESIDENCE ON A FARM?							
)	EASTERN SHORE STATE HOSPITAL MORRIS	YES NO X							
		DATE Month Day Year							
	TARRY F ITUDIDANU	DEATH APRIL 15 1961							
	S. SEX 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED 1 8. DATE OF BIRTH	9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days Hours Min.							
	MALE WHITE WIDOWED DIVORCED MAY 2 1885	72 75.							
	10a. USUAL OCCUPATION (Give kind of work dame 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or for during most of working life, even if returned)	oreign country! 12 CITIZEN OF WHAT COUNTRY?							
	WATERMAN FISHING MARYL.	AND USA							
	13. FATHER'S NAME								
		ORKRAN							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown] [If yes, give wor or dates of service] 16. SOCIAL SECURITY NO. 17, INFORMANT	Address							
	VES WW.I 219 142750 HOSPITAL RI	ECORDS.							
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: CARCINOMA OF KIDNE	y OVER 5 MOS							
	DUE TO								
	Conditions, if any, which (b)								
	gave rise to immediate cause (a), stating the <u>under-</u> DUE TO								
	lying cause tast. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRI								
!	CHRONIC BRAIN SYNDROME- CEREBRAL HEMORRHAGE YES NO 1								
P.	20a ACCIDENT WAS UNDERLYING 20b/DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)								
	Haur a m. While Nat while factory, street, affice bldg., etc.)	(County) (State)							
	21 I certify that (4) (this haspital) attended the deceased from IANB: 1941								
	saw the deceased alive an APRIL 15 19 61, and that death accurred at 115M.	from the causes and an the date stated above							
	22a SIGNATURE ATTENDING MED.	22b DATE SIGNED							
	Ham I colourford MD PHYS DIRECT	TOR D PHYS & APP. 16 1961							
	22c. PHYSICIAN'S 22d ADDRESS								
	HARRY J. CRAWFORD EASTERN SH	ORE STATE HOSP CAMBRIDGEM							
	230 BURIAL CREMATION, 236 DATE THEREOF 230 NAME OF GEMETERY OR CREMATORY 230	d. (State)							
	a sisted purcular for the sur	REGISTRAR 25b REGISTRAR'S SIGNATURE							
	24. ENGLAS DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY								
	Welles fact Genery Mil DATE APR	Circles 2, Thank							

th, Poge 4 TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the path. Page 4 may be retained be haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VR A1S (4) 1SM 9/59



MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4236 CERTIFICATE OF DEATH

1		<u> 2000 </u>	IL OI DEATH					149	20_			
ĺ	o. COUNTY Dorchester				ND	2. USUAL RESIDENCE (Who		d fived. If institution b. COUNTY		nce befa		ion)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Hirlock			13 days	16	c CITY OR TOWN (IF or Feder	alsbu		URAL and	give nec	arest tawn)	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Fisher Nursing Home				d. STREET ADDRESS Morris Avenue o IS RESIDENC ON A FARM YES NO						FARM?	
	3 NAME OF (Type or print)	Fir Sa.1		Middle E.		Hubbard	4. DATE OF DEATH	April	th	22 22	,	rear 1961
	s sex Female	6 COLOR OR RACE	7 MARI	RIED NEVER MARRIED	_	B. DATE OF BIRTH October 10. 1	1881	9 AGE (In years last birthday) 79 yrs	IF UNDE Manths	R 1 YEAR Days	IF UNDE Haves	R 24 HRS Min,
	10a JSUAL OCCUPATION (Give kind of work dane during most of working life, even if refired) Housework 13. FATHER'S NAME					-000002 201 2002						
J	John	Andrew				Kate Jest	ter					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c)] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the under lying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19 WAS AJPERFORM YES 10 PERFORM										TWEEN DEATH DEATH		
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18)							nat (I) ((State)				
	220 SIGNATURE 220 SIGNATURE 220 PHYSICIAN'S NAME (Type)	B.H.B.	Summer PL	HMER	nor a	ATTENDING	ED RECTOR D	STAFF PHYS	47	257		DATE SIGNED

REMOVAL (Specify)
Burial
April 25,1961

Bothel Cemetery

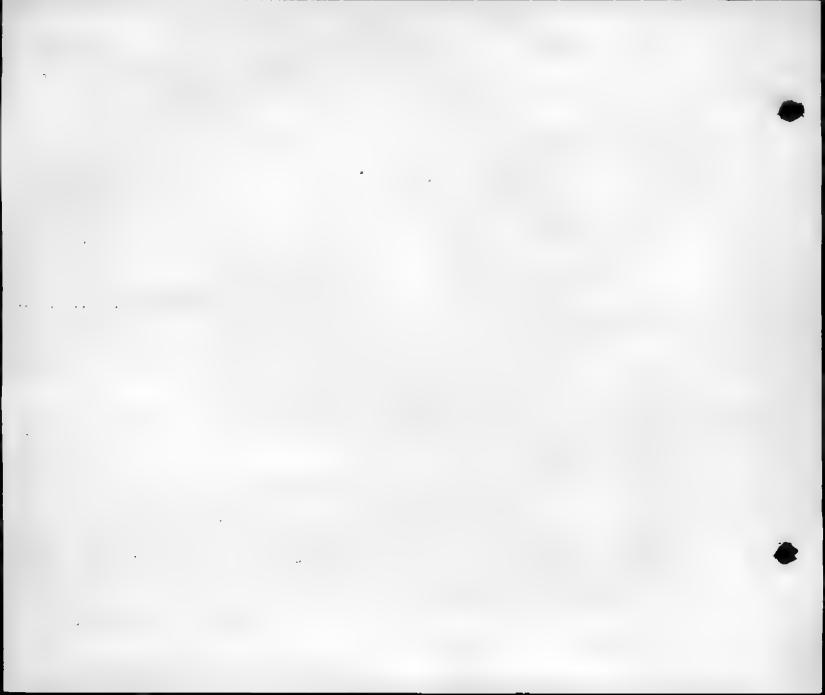
23d .OCATON (City, 16wn, or county) Federalsburg, Maryland, RFD

J.J. Frampton and Son, Federal Sourg, Maryland

250. REC'D BY REGISTRAR DATE APR 28 '61

256 REGISTRAR'S SIGNATURE

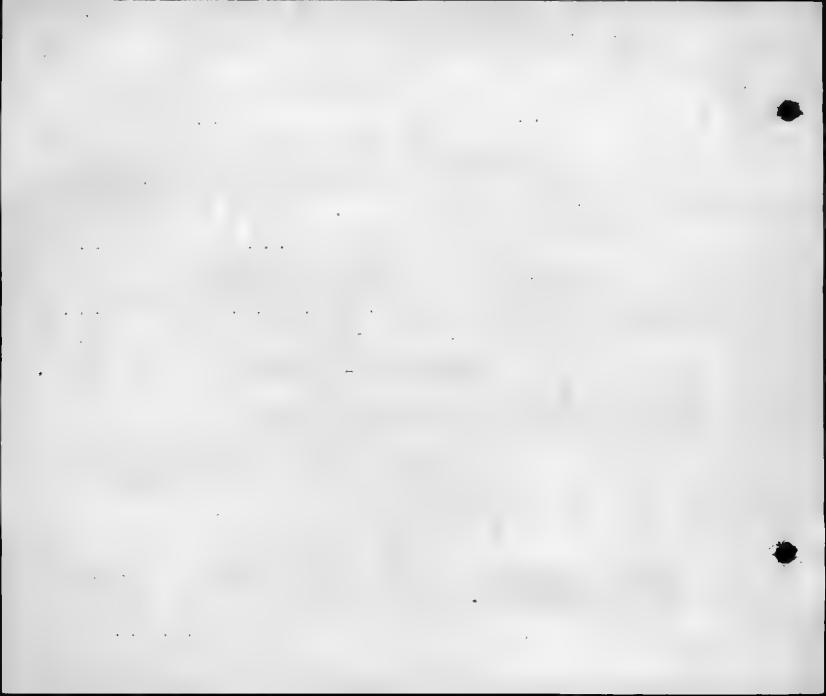
VR A15 (4) 15M 9/59



FOR STATE HEALTH DEPT.

VS. A15ME 5M 7/59 MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
4237 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
14230

2401 MEDICAL LAAMINGER	(1423)	1
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed I ved, If institution: Residence before admissi	ion)
a. COUNTY Dorchester MARYLAND	a. STATE b. COUNTY	
b. CITY OR TOWN (if outs de corporete I mits, write RURAL and giva nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	
Combridge, F.D. 1 32 Years	Cambridge, R.R. 1	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS o. IS RESIDEN ON A FAR	RM?
Rural	Rural YES V NO	
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year	
(Type or print) Lyda Johnson	Jones DEATH April 20,1961 19	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE [In years IF UNDER 1 YEAR IF UNDER 24 HE	_
Ferale White widowed K DIVORCED	Sept. 23, 1889 77 yrs. Months Days Hours Min	P.
100. USUAL OCCUPATION (G vo kind of work 106. KIND OF BUSINESS OR INDUS		TRY?
done during most of working life, even if retired) HOMEMAKEP	Combridge, R.B. 3 U.S.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	_
Phillip M. Johnson	Sarah Palmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (liyesg.vewarordalesofservice)	.James R.Joses, Jr., Combridge, Md., R.D. 3	
18, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN	N ~
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Oc	ONSET AND DEATH	Н
IMMEDIATE CAUSE (a)	Misosio	,
920-1 DUE TO Harmonit and day	O.W. Dinasas	
Conditions, if eny, which (b) Hypertensive	C-V Disease 10 yrs.	
Conditions, if eny, which geverlee to immediate couse	C-V Disease 10 yrs.	, –
Conditions, if eny, which geverlee to immediate cause (a), staining the underlying cause lest. (b) DUE TO (c)		_
Conditions, if eny, which gever ise to immediate cause (a), stelling the underlying cause last. (b) Hypertensive (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 81/ 19. WAS AUTOP	- 25Y
Conditions, if eny, which gever ise to immediate cause (a), stelling the underlying cause last. (b) Hypertensive (c)		PSY
Conditions, if eny, which gever ise to immediate cause (a), stelling the underlying cause last. (b) Hypertensive (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOP	PSY
Conditions, if eny, which gever lise to immediate ceuse (a), stelling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8) 19. WAS AUTOP PERFORMED, YES NO [PSY
Conditions, if eny, which gever lise to immediate couse (a), stelling the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a) 19. WAS AUTOP PERFORMED, YES NO [(Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)	
Conditions, if eny, which gever lise to immediate couse (a), stelling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO COURT OF CONTRIBUTING TO COUR OF COURT OF COUR	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOP PERFORMED, YES NO [Enter nature of injury in Part I or Part II of Item 18.]	
Conditions, if eny, which gever ise to immediate cause (a), steling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 120d. INJURY OCCURED (Feb. Month) P.m. 19 While Not While 19 work	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOP PERFORMED, YES NO [(Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State))
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Conditions, if eny, which gever lise to immediate couse (a), stelling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year While all work Not While all work all work all work death resulted from: Natural causes . Accident . Sur	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOP PERFORMED, YES NO [[Enter nature of injury in Part I or Part II of item 18.] ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) clory, street, office bidg., etc.) eld an Autopsy Inspection Inquiry Inquiry Indian may opinio cide Inquiry Inq	on
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Conditions, if eny, which gever lise to immediate cause (a), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. While Not While all work all work. 21. I certify that I look charge of the remains described above, I death resulted from: Natural causes . Accident . Su RCTUAL SIGNATURE EXAMINER'S NAME (Type) John Mace Jr.	DATE SIGNED Address (Street, city, town, or county) DATE SIGNED AUTOP PERFORMENT DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) DATE SIGNED DATE SIGNED DEPUTY MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER	on
Conditions, if eny, which gever lise to immediate couse (a), stelling the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year While Not While al work at work at work at work at work at work at work. 21. I certify that I look charge of the remains described above, It death resulted from: Natural causes . Accident . Surectual SIGNATURE EXAMINER'S	DATE SIGNED Address (Street, city, town, or county) DATE SIGNED AUTOP PERFORMENT DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) DATE SIGNED DATE SIGNED DEPUTY MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER	on
Conditions, if eny, which gever lise to immediate couse (a), steling the underlying (ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. PRIMARY or CONTRIBUTING COURSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURED Not While Not While al work all work. 21. I certify that I took charge of the remains described above, it death resulted from: Natural causes Accident Suname (Type) 22c. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify) PUT 147 April 22 1961 Tonger Remail work and the control of the control of the cemetery of the cemeter of the cemetery of the cemeter of the cemetery of the cemeter of the	County C	on
Conditions, if eny, which gever lise to immediate couse (a), stelling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEATH BUT	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOP PERFORMED, YES NO [Center nature of injury in Part I or Part II of item 18.] ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) clory, street, office bldg., etc.) eld an Autopsy Inspection Inquiry Inqu	on



CERTIFICATE OF DEATH 4238 Reg. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Dorchester Marvland b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest fown)
Cambridge-kural should Life Cambridge-Rural d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Cambridge Marvland Hospital RFD YES NO NAME OF DECEASED 3. Middle Last 4. DATE Month Day Year (Type or print) DEATH Naamon Kane April 19 61 5. SEX 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH P. AGE (In years last birthday) Manths Doys Male Negro WIDOWED [7] DIVORCED T 10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stale or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) remove carbon p USA oug Farmer Farming Dorchester County, Md 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Charles Kane Sarah 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 2. Cambridge, Md. No Cinderell RFD Kane. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which (b) gave rise to immediate DUE TO couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES 🗀 NO 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20f. (City or town) (Stole) (County) factory, street, affice bldg., etc.) Hour o.m. While Not while at work \square at wark 1967 that I last saw the deceased 21. I certify that I ettended the deceased from and that death accurred at 130 alive an _M, from the causes and on the date stated above. ACTUAL SIGNATURE ploo PHYSICIAN'S NAME (Type) 335 BURIAL, CREMATION, 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, Iown, or county) (State) pode REMOVAL (Specify) Hughes Mission Ceme. Dorchester County. Md. Q 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE APR 1 0 '61 VS A15 (4) 15M 9/55 arihung & House Gambridge . Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH FAITH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution; Residence before admission) Dorchester and 3 to the funeral director. Page may be retained for your files.
2 with the State Board of Health, a. STATE **b. COUNTY** Dorchaster MERYLAND b CITY OR TOWN (if oulside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Federalsburg Federalsburg yrs. uld be executed within 24 hours after death. If any delay is in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral dire d. NAME OF HOSPITAL OR INSTITUTION (final in hospital, give street address) d. STREET ADDRESS R.F.D. 3. NAME OF Middla 4. DATE Month DECEASED OF John (Type or print) Kessler DEATH Henry 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH ge 5 may be and 2 with 72 bodirs 19. AGE (In yours | IF UNDER 1 YEAR | IF UNDER 24 HRS. 18 buildey Months 1882 Sept. Male WIDOWED [DIVORCED [10a JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLA . (Slata or fore o country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) chef in hotels Food Muschan Switzerland U.S.A. pages | within PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (iffyesgivewerordalesofserv ce) 078-09-3430 17. INFORMANT Address permit, l e along with faltransit permit Federalsburg, Roland Wright Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] E PART I. DEATH WAS CAUSED BYpue Coronary occlusion IMMEDIATE CAUSE (a) Office DUE TO removal. Conditions, if any, which (b) geve rise to immediate cause "pending" DUE TO (a), stetling the underlying Examiner 285 cause last. U380 cremation, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION 2 certificate, writing the word Medical pluous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) age 3 shout to burial, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, form, 20f, (City or lown) 20c. TIME OF INJURY Month, Dey, Yeer (County) factory, street, office bldg., atc.) 0 Hour a.m. While Not While forwarded to the at work el work prior please execute the certific to should be forwarded to PUNERAL DIRECTO it its designated agent, p death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY **EXAMINED'S** NAME (Typa) John Mace Jr.
DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Address (Streat, city, town, or county) 228, BURIAL, CREMATION, 226. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Federalsburg, Maryland Hill Crest Cemetery Burial O g 40 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE J.J.Frampton and Son, Federalsburg, Maryland VS. A15ME APR 1 0 '61 arihur S. Kraus 5M 7/59 DATE

RYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO X

19 61

Year

INTERVAL BETWEEN

ONSET AND DEATH

Instant

PERFORMED?

NO

(Siala)

and in my opinion

DATE SIGNED

(Stele)

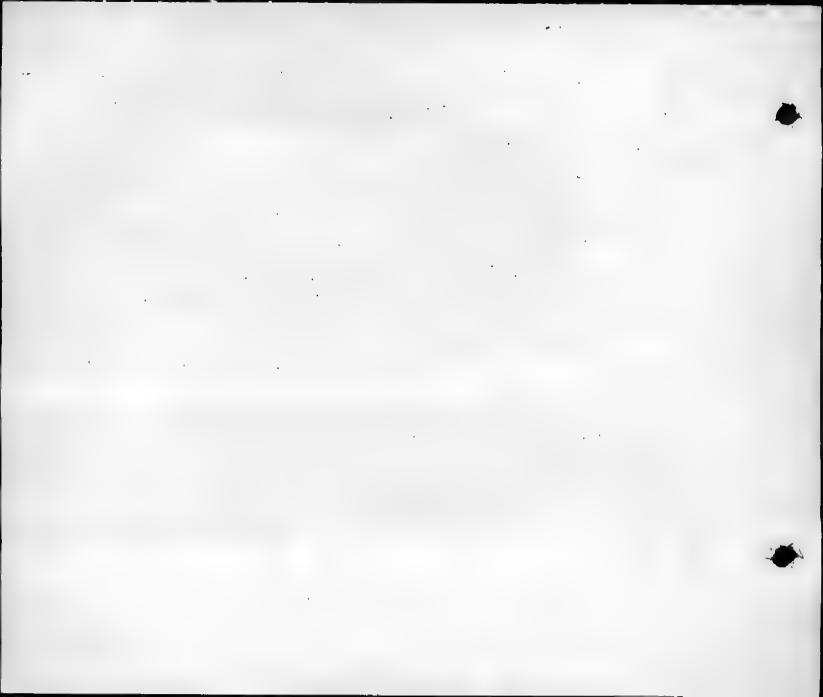
Day



1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR ST	ATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. () 4233
# B B J E	M)	1,	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY DORCHESTER, CO.
ovr file			CAMBRIDGE, MARYLAND. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) CAMBRIDGE, MARYLAND. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) CAMBRIDGE, MARYLAND, R.F.D.# 2,
is nece ral dir ed for y Baord	01/		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) OATIBRIDGE MARYLAND HOSPITAL ON A FARM? NONE ON A FARM?
delay he fune refain ne Stote er death			NAME OF DECEASED HARAGARET BRANNOCK MILLS 4. DATE Month Doy Year OF DEATH 4 13 19 61
d 3 to 11 may be with th		5.	EX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH FEMALE WHITE WIDOWED DIVORCED 9/18/1912 9. AGE 1/10 years 15 UNDER 14 EAR 15 UNDER 24 HRS 4 Months Days Hours Min.
2, one Poge 5 ond 2 in 72 h		100	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (State or foreign country) HOUSEWIFE MARYLAND U.S.A.
Poges 1 PAG. PAG. pages int with	T	13.	FATHER'S NAME LEVIN W. BRANNOCK 14. MOTHER'S MAIDEN NAME ALVERTA GORE
Give Give ilh form i. File ony eve		15. [Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT MR. CARL MILLS R.F.D. # 2, CAMBRIDGE, MARYLAND
l be executed with pencil in Item 18. 's Office along windi-tronsit permit removel, and in		- A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	18. CAUSE OF DEATH [Enter only one couse par line for (o), (b), and (c) } PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DOR IDEN POIS ON ING Conditions, if ony, which gove rise to immediate couse
icote should sending" in of Exominer used as a bu	0	CERTIFICATION	(e), stoling the underlying DUE TO couse lost. FART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PELATED TO THE TERMINAL DISEASE COND TION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO
is certificated "provide "provide "period "period "period" period "period" period "period" period "period" period "period "per			700. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 70b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) Took about 25 Gr. Doriden
NER: The ng the he Chie		MEDICAL	20c. TIME OF INJURY Manth. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) **The of Injury Manth. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) **The of Injury Manth. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) **The of Injury Manth. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) **The of Injury Manth. Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) **The office bldg.** **The office b
EXAMIFIED 19 19 19 19 19 19 19 19 19 19 19 19 19			21.4 certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death sesulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
for and policy of the policy o	•		ACTUAL SIGNATURE ADDICAL EXAMINER DATE SIGNED
UTY MI te the cald be in ERAL I	il		EXAMINER: NAME (TYPE) John Mace Jr. DEPUTY MEDICAL EXAMINER T 11/19/61
to DEP execut 4 short TO FUN			BURIAL CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) BURIAL (Specify) APRIL 15, 1981 GREENLAWN CEMETERY CAMBRIDGE, MD.
VS. A15ME	1	23 T.3	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE COMPTE FUNERAL SERVICE CAMBRIDGE, MARYLAND DATE APR 2 1 '61 Continua & House



c=fificote



TOO	1	4242 CERTIFICATE OF DEATH Reg. Dist.	No. 1)4235
XX	1	PLACE OF DEATH o. COUNTY Dorchester ARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution Residence of STATE by COUNTY by	before odmission)
016	-	b. CITY OR TOWN (If outside carparate limits, write RURAL and give RURAL and give necrest town) rural Cambridge d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Eastern Shore State Hospital	
	3	NAME OF DECEASED (Type or print) SEX 16 COLOR OR RACE 7. MARRIED NEVER MARRIED 18 DATE OF BIRTH 9. AGE (In years IF UNDER 1)	Day Year 8 19 1 YEAR IF UNDER 24 HRS loys Hours Min.
death.	100	during most of working life, even if retired) Dorchester Co., Maryland	S A-
	15	FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albertine Mills WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 16. MOTHER'S MAIDEN NAME Address HOSPITAL TECORDS	
≡y event within 72		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which } (b)	INTERVAL BETWEEN ONSET AND DEATH
S.	CATION	gove rise to immediate couse (a), storing the under lying cause last. DUE TO PART II OTHER SIGN-FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(o) 19 WAS AUTOPSY PERFORMED? YES NO (X)
y	CAL CERTIFIC	20a ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED. (20e. PLACE OF INJURY (Home, form, 20f, (City or town))	uniyi (Stote)
	MEDIC	Hour a.m. While Not while foctory, street, office bldg., etc.) p. m. 19 While at work at work	
1		21. I certify that I ottended the deceased from May 1960, to AN 1860, that I lost olive on 1960, that I lost olive on 1960, and that death occurred of 2360M, from the causes and on the ADDRESS (Street, city or town, state) ACTUAL SIGNATURE M.D. E.S.S. Hospital, Cambridge, Md.	
3	220	PHYSICIAN'S Thomas J. Dredge BUR AL, CREMATION 276 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county)	(Stote)
	23	Burial April 21, 1961 Brookview Cemetery Brookview, Dorchest	ter Co.,Md.
	_	J.J. Framptom and Son, Federalsburg, Maryland DATE APR 25'61 Cuthun S.	Kraeva

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



1 .		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
/		4243 CERTIFICATE OF DEATH
Poge A with led with	1,	PLACE OF DEATH DRCHLOTER. MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) of STATE MARYLAND b. COUNTY HICOMICO.
d be file		b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) RURAL and give nearest town) CCCM 6413 9.7.60. Salis 6474 2 2 /2-
by the by	,	d. NAME OF HOSPITAL (if not in haspito, give freet address) OR INSTITUTION ON A FARM? YES C. EVEN SHOW ST. HOD DITCLE. PARSONS/HOME/MORI HELD! ON A FARM? YES NO X
illed in oth.		NAME OF DECEASED (Type or print) FLUTLITCE KILIZON PULKET, DEATH april 212 1961.
d within	5.	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 18 DATE OF BIRTH 1880 9. AGE (In fears birthday) Months Doys Haurs Min
nd cami		1. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) HOUSENIE. 12 CITIZEN OF WHAT COUNTRY? LL. S. H.
sicion o vieto		Tiberius Rilmon. Heire Christine Brown.
h certifi ling phy se rema event,		WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT, 15. NO Orbital Records. Address 214-10-9256. HOOpital Records.
ne deot		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART DEATH WAS CAUSED BY. ONSET AND DEATH
s that the nit. The val, one		condions, if ony, which by Carcinoma-nose and forettead pever, 425
require an signec sst pern		gave rise to immediate cause (a), stating the under lying cause lost. DUE TO (c)
he law physici nos beer rial-tran notian, e	CATION	PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
thending ifficate I if	I CERT FI	20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC tol or of this cert by use of	MEDICAL	20c. TIME OF INJURY Month, Day, Year Note of Injury Occurred While Not while at work at work at work at work at work (State)
NDING the hosp.		21. I certify that (I) (this haspital) attended the deceased fram. 917, 1964 to 4120, 1961, that (I) (we) last saw the deceased alive an 4/22, 1961, and that death accurred at 7:38M, fram the causes and an the date stated above
OR APPROCES		220 SIGNATURE SIMOU VINCUR - M.D ATTENDING MED DIRECTOR STAFF \ April 2/2,1961.
HOSPITAL O oy be retaine FUNERAL DII oge 3 should e State Board		22c. PHYSICIAN'S NAME (Type) SIMON VIZKUITIS 2015. SHOTE STATE HOS p. Combridge
moy by poge 3	234	OGRIBLY 4/25/1961 PARSONS CEMETERY SALISDURY, MARYLAND
VR A1S (4) 1SM 9/59	24.	JUNEAU DIRECTOR'S SIGNATURE ADDRESS A
		YLOUMA & Balala



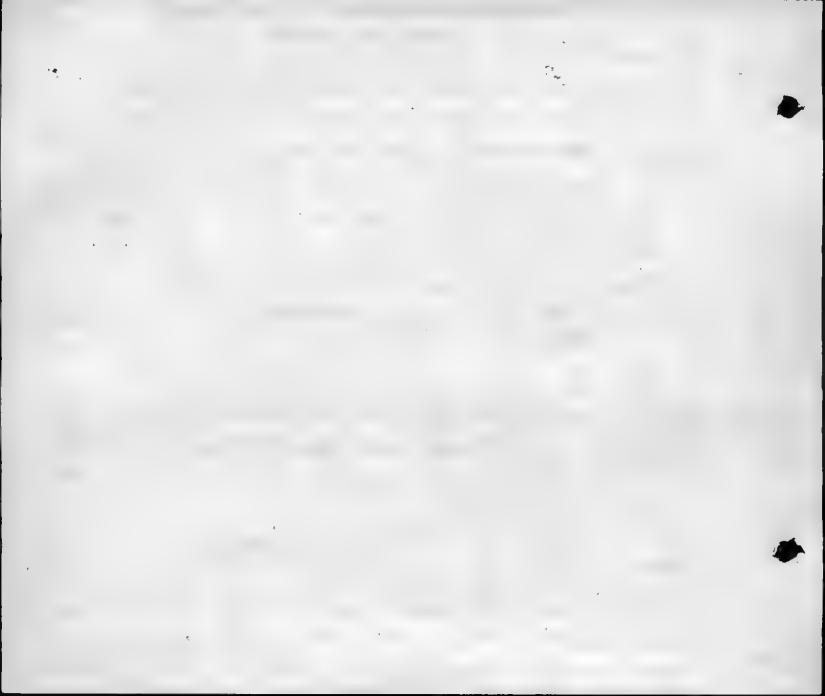
		4244		CERTIF	ICA	TE OF DE	ATH			Reg. Dist.	No.	04237		
Ī	PLACE OF DEATH o. COUNTY Do:	chestor		MARYL	AND	2. USUAL RESIDENCE (Where deceased fived. If institution: Residence before admission) o. STATE b. COUNTY Dorchester								
	RURAL and give no	f outside corporate limi carest town)	ts, write	c. LENGTH OF STAY IN 2hrs 22mir		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)								
}	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g		endospits		d. STREET ADDRESS					- 1 (S RESIDENCE ON A FARM? ES NONT		
3	NAME OF DECEASED (Type or print)	Fie		Middle	1	Lost	4. 0	ATE OF EATH	Monil		Day	Year		
5	SEX	6. COLOR OR RACE	7. MARR	IEO NEVER MARRIED	والاحب	Parkins DATE OF BIRTH		19 AC	April E (In years t birthdoy) yrs.	IF UNDER 1	oys H	UNDER 24 HRS.		
14	during most of work	ON (Give kind of work a	dane 10b.	KIND OF BUSINESS OR		April 19		eign country)		12. CITIZ	EN OF V	2 22 VHAT COUNTRY?		
13	Non 3. Father's Name	(8)		None		Mor 14. MOTHER'S MA	yland DEN NAME			J.8	3.A.			
		oll Perkin		SOCIAL SECURITY NO.	117 101	Elizat	oth B	lake						
	Yes, no, or unknown]	(If yes, give wor or dates of s	ervice)	one		Elizabeth	Cerkin	าร	Addre Vienna	,	rland	}		
		mmediate () (/)	refor (o), (b), and jej.]	rei	ty					ONSET	AL BETWEEN AND DEATH		
MOITACIBITODO		JER SIGNIFICANT CON SUNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	OITIONS C	CRIBE HOW INJURY OCC						N IN PART I	, , b	WAS AUTOPSY PERFORMED?		
AVERICAL OF	(IF EITHER, NOTIFY 20c. TIME OF INJUR Hour o. m. p. m.		While	NOT while	0e. PLA foct	CE OF INJURY (Homory, street, office bld	e, form, 20f g., etc.)	. (City or to	wn)	(Co	unlyj	(State)		
	alive on Co	at ! attended the nul ! ? elkn &	16	Frenche	leath	190/, to accurred at /,	1.01M.			nd an the		the deceased stated above.		
2	NAME (Type)	N, 226. DATE THEREC		22c. NAME OF CEMET			22d.	LOCATION (City, town, or	county)	acy	(Stote)		
23	3. FUNERAL DIRECTOR	4-19-61 S SIGNATURE		Cambridge-	11d.	240	C: n. REC'D BY F	REGISTRAR	24b. REGIST		IATURE			

TO HOSPITAL OR AT INDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after feath. Page 4 may be retained to haspital ar attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the Poneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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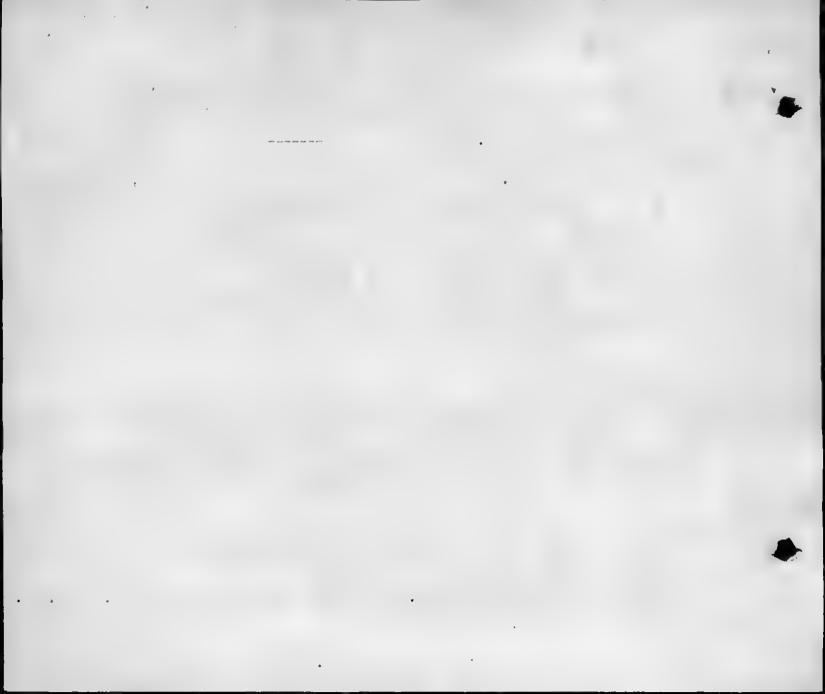
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1	1. PLACE OF DEATH o. COUNTY					2 USUAL RESIDENCE (W		ed lived. If instituti				
/		CHESTER, CO		MARYL		MARYL					ER,	
	RURAL and give no	If outside corparate limi earest town)	ts, write	c. LENGTH OF STAY II	N 1b	c CITY OR TOWN (If			URAL ond	give nec	rest towr	+)
	CAMBRIDGE,			1 WEEK		CAMBRIDGE,	MARY	LAND.		-		
3	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS			8		e IS RES	FARM?
7		MA YLAND HE)5PIT.	AL		WASHINGTON,	STRE	ET.			YES [NO I
	3. NAME OF DECEASED	Fir		Middle		Lost	4. DATE	Mor	_	Da		Yeor
	(Type or print)	~	NEY			PHILLIPS	DEATH	211162				1961
	S SEX	6. COLOR OR RACE	7 MARE	IED NEVER MARRIED	_	B. DATE OF BIRTH		9 AGE (In years lost birthdoy)	Months		Haues	Min.
,	MALE	WHITE	WIDOWI		 1	NOV. 27 188		80 yrs.				
	during most of war	king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	STRY 11 BIRTHPLACE (State						COUNTRY?
	SAW MILL O	PERATOR	S.	AW MILL OPE	RAT			AND.	U	S.A	•	
	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	UNKNOWN					U NKNOW	1					
	15 WAS DECEASED EVE (Yes no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dotes of i	CES? 16.	SOCIAL SECURITY NO	1	IFORMANT		CAMBRI				D.
	· NO	NO		NO	MR	. EDWARD PHIL	LLIPS.	WASHINGT	ON.	STRE	ET_	
		ATH [Enter only one co ATH WAS CAUSED BY:	use per la	ne for (o), (b), and (c)		011 -7-11	12	141245			ET AND	
		MMEDIATE CAUSE (c	,	-0/20/	VA	RY TH	KOI	W1963	٠, ک		D	AY
	720		•									
	Conditions, if a		1									
	couse (a), stating	DITE TO	•									
	lying cause lost.) (c		TO STORE STATE OF THE PERSON	V1 4 D4 17	1102 001 4 200 200 VILLE TODA	43.43.1 10.00 14.00		2mh ((h (D 4	05.11.11	A 14/45	AUTOBEV
	PART II. OII	HER SIGNIFICANT CON	2 12	ON CHI		NOT RELATED TO THE TERM	AINAL DISEA	A.	EN IN PA	KI I[0] I	PERFO	RMED?
	20 ACCIDENTANT	AS HINDSBURNING ET	204 050			D. (Enter noture of injury in	Doubles Po	et II of Hom 191		L	YES	NO 🗗
	PART II. OTI	CAUSE OF DEATH	200. DE3	CKIDE HOW INJUNT OC	CORRE	D. (Enter norare or injury in	1101110110	in it of hene roly				
	₹ 20c TIME OF INJUS	RY Month, Doy, Ye	ar 20d. II	NJURY OCCURRED 2		ACE OF INJURY (Home, for		y ar town)		(County)		(Stote)
	20c TIME OF INJUS Hour a.m. p.m.	19	While of wor	Not while	foo	ctory, street, office bldg., et	lc.)					
		- A 215 245 to 15 14 - 1				2/10 1	49	5 A-PRI	Z 10			
	saw the decea			led the deceased file $14 + 19 \omega$, and the			4 .					
	220 SIGNATURE	sed dilve dil	XLL/	(7_92), ond 1	inoi o	leath accurred un	F.M. Iram	the couses or	id on ir	e dare		b DATE
		16.1	un	las ?	_		MED DIRECTOR [STAFF PHYS			/ A-	SIGNED
	22c PHYSIC, AN'S			1.11.		22d ADORESS	1	1				1213
	N Vype)	二 , 5	U M	BYU	K	· ar	no	Male		7	re	d,
	230. BURIAL, CREMATIC)F	23c. NAME OF CEME	TERY O	R CREMATORY	23d LOCA	ATION (City town,	or county)		(Sto	e)
*,	BURIAL (Specify)	4/9/1961		DPRCHESTER	1.E	MORIAL PARK		RIDGE, MA				
	24, FUNERAL DIRECTOR			ADDRESS			D BY REGIS	-	STRAR'S S		RE	
	LE COMPTE F	UNERAL SER	VICE,	C MERIDGE,	MA	RYLAND. DATE	APR 1 0	'61 C	May .	8. the	м4	

VR A15 [4] 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) Dorchester • STATEMaryland b. COUNTY Dorchester MARYLAND b. CITY OR TOWN (if outside corporate l'mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) d.rector. Cambi Richt and give nearest town) TOA Crapo d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Maryland Hosp. YES NO 四 3. NAME OF 4. DATE DECEASED (Type or print) John Pvle DEATH April 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR last_birthday December Male White WIDOWED [DIVORCED | 10a, USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. 8, RTHPLACE (State or fore an country) 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Give Pages 1 rm PM3. Pag Waterman Seafood SomersetPennsylvania 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME office along with form Pl S Office along with form Pl B burial-transit permit, file wenoval, and in any everth. Agnes Pyle Daniel Pyle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawarordetasofservice) Mrs John Pyle Maryland Crapo 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY EMBOLVS IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to Immediate cause Ø DUE TO SS. (a), stoling the underlying Medical Examine Medical Examine ahould be used a rial, cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0), 19. WAS AUTOPSY PERFORMED? NO A 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury In Part I or Pert II of Item 18) writing the vector of the vect PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) (Steta) fectory, street, office bldg., atc.) While Not While Hour a.m. at work at work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion death resulted from: Natural causes Accident ... Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL should be for FUNERAL I ASSISTANT MEDICAL EXAM NER SIGNATURE DEPUTY EXAMINER'S Al fred R. ... TYRNOY, M. D. Address (Street, ON.] 22b. DATE THEREOF [22c. NAME OF CEMETERY OR CREMATORY NAME (Type) Address (Street, city, town, or county 1.36 Race Str., Camb., Md. 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCAT ON (City, town, or country) Burial (Specify) 240 g Gardnerof Faith Baltimore Marvland 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Orthur S. Kross 5M 9/60 Le Compte Funeral Service Cambridge Maryland, DATMAY 1



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

. 04240

4247

ith. Page 4

TO HOSPITAL OR A "SNDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 1th. Page 4 may be remained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death.

VR ATS (4) TSM 9/59

	1, PLACE OF DEATH					2. USUAL RESIDEN	ICE (Where	deceased liv		Residence befo	ore admis	sion)
	a. COUNTY	CHESTER. C	0.	MARYI	LAND		RYLAND	}	b. COUNTY	DORCHES	TER,	CO.
7		outside corporate limit	ts, write c.	LENGTH P5 STAY	1N 1b	c. CITY OR TOV			limits, write RU	RAL and give no	arest tow	n)
7)		MARYTAND AL (If not in hospital, g	ive street addr	V		d STREET ADD		MARYL	AND.		e IS RES	SIDENCE FARM?
		MARYTAND H	OSPITA	I.		527 0	AKLEY	STR	alekt .		YES [NO
	3. NAME OF DECEASED	Fir		Middle		Lost	4	OF	Month	D	оу	Yeor
	(Type or print)	EARLE		S.		RICHARDS	SON	DEATH	APRIL	2	2	1961
	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	D 🔲 8.	DATE OF BIRTH		9.	110	Months Days	Haurs	ER 24 HRS Min.
	MATE	WHITE	WIDOWED [DIVORCE		BEPT: 013	190)9	51 yrs.			
	100 USJAL OCCUPATION during most of work	N (Give kind of work of ing life, even if retired	done 10b KINI	D OF BUSINESS O	R INDUST	RY 11, BIRTHPLAC	t (State or f	foreign coun	lry)	12 CITIZEN O		COUNTRY?
	SPECTAL II	WESGATOR	COM	M. MOTOR	VEHI	CILES	ILLI	NOIS		U.S.	A .	
	13 FATHER'S NAME					14. MOTHER'S MA	AIDEN NAM	AE				
	CHARLES E	RICHARDSO	N				A.	GELA	STAHL			
	1S. WAS DECEASED EVE		CES7 16 SOC	IAL SECURITY NO	17, 1NF	DRMANT			Addre	UAPIDA		, MD.
	NO.	NO -	Y	ES	TIR	S EARLE F	RICHAR	RDSON,	527 OAL	TEY, SI	1	
	18. CAUSE OF DEA	TH [Enter only one co	use per line fo	or (o), (b), and (c)	L.	-				INI	TERVAL BI	TWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Per	Manis	175						300	7VC
		Y DUE TO			^				4		m 1	7-3
	Conditions, if o	ny, which) (h	Lea	Kage	Fr	om du	coder	nal	Syum	0 3	304	145
gove rise to immediate couse (a), stating the under-												1
	lying cause lost.	couse (a), storing the under-										761
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTO- PERFORMED.											AUTOPSY DRMED?
7	CAI										YES	NO 🗌
		CAUSE OF DEATH	20b. DESCRIB	E HOW INJURY O	ÇCURRED	(Enter noture of in	njury in Port	l or Part II	of item 18.)			
		MEDICAL EXAMINER)										
	20c TIME OF INJUR Hour o.m.	Y Month, Doy, Ye	or 20d INJUI While	RY OCCURRED Not while		E OF INJURY (Horizy, street, office bi		20f (City or	town)	(County)	(Stote)
	p. m.	19	of work				i					
	21 I certify tha	t (I) (this haspital	l) attended	the deceased	from	ar 4	19/21	1. 10/	OV. 20	1, 196/, 1	hat (I)	(we) last
	saw the deceas	ed alive ap	r 20	19.6/. and	that de	ath accurred o	off 给M	, from th	e causes and	d an the dat	e state	d abave.
	220 S GNATHKE	. 2	1	1 27		A PTENIDING .	Men		67455	1. 0	2	SIGNED
	Dew	w/n/	Jur.	delle	~ M	D ATTENDING	MED.	CTOR [STAFF PHYS	Dr LI	17	61
	22c PHYSICIAN'S NAME (Type)	1 autic	11 7	Dund-	1	22d. ADDRESS		4 1	1 10	1 .	,	
		L = 04/3	M.C	Jurac	115	1/20	CUSI		T C41	nbria	12	Md
	23o. BURIAL, CREMATIC REMOVAL (Specify)	N, 23b, DATE THEREC	OF 2;	3c NAME OF CEM	ETERY OR	CREMATORY	23	Bd. LOCAT C	N (City, town, o	r county)	(Ste	ote)
-	BURTAT	APRIL 22	1961	Druid	Ridge	Cemeter	ar.	Balt	imore	MD.		
	24 FUNERAL DIRECTOR			ADDRESS	3.0		So. REC'D B	BY REGISTRA		TRAR'S SIGNAT	URE	
	Le Compte F	uneral Sem	rice, C	ambridge,	, Mar	yland.	ATE			01		
							APh 4	1 01	Circlina.	1 2. / ULUUM		

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND FOR STATEN MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY ould be executed within 24 hours after death. If any delay is "essary," in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page Office along with form PM3. Page 5 may be retained for your files. burial-transit permit. File pages 1 and 2 with the State Board of Health, noval, and in any event within 72 hours after death **6. COUNTY** Dorchester MARYLAND Marvland Dorchester b, CITY OR TOWN (f outside corporate limits. E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) Life Cambridge Cambridge
d. NAME OF HOSP,TAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 300 West End Ave. YES NO West End Ave . NAME OF Midd.e 4. DATE Month Year DECEASED OF Joseph (Type or print) Robbins DEATH April 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In years, IF UNDER 1 YEAR IF UNDER 24 HRS. last_birthdey] Months Male 897 White 63 yn. WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Oil distrebutor American Oi. Cb. b. Maryland
14. MOTHER'S MAIDEN NAME U.S.A. 13. FATHER'S NAME William J. Robbins Mary Jane Cook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address Cambridge, Md. (Yes, no, or unkown) ((If yes give wer or detes of service) Mrs. Joseph Robbins 300 West End Ave. No No 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN (5) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion IMMEDIATE CAUSE (a) Instant This certificate should be DUE TO removal, Conditions, if any, which (b) "pending" gave rise to immediate cause 10 DUF TO (e), stetling the underlying certificate, writing the word "pendin rded to the Chief Medical Examiner' ECTOR: Page 3 should be used as gent, prior to burial, cremation, or r causa lest PART II OTHER SIGNIFICANT COND. TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,01, 19, WAS AUTOPSY CERTIFICATION PERFORMED? 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Jam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) (Stete) ease execute the cartificate, writing should be forwarded to the Chirameter Director. Page fectory, street, office bldg., etc.) While Not While et work et work Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy ... Inquiry and in my opinion agent, I death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER X EXAMINER'S NAME (Type) John Mace Jr. Address (Street, city, town, or county) 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify)
Burial Dorchester Mem. Park | Cambridge 40 ঠ 23. FUNERAL DIRECTOR 24e REC'D BY REGISTRAR VS. AISME Md. Le Compte Funeral Service. Cambridge, arthur S. Krouge 5M 7/59 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before a con ssion) e. COUNTY al director. Page for your files. Board of Health, **b.** COUNTY DORCHESTER. CO. DORCHESTER. MARYLAND DOMESTIC AND IN COLUMN b. CITY OR TOWN (if putside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give negrest town) write RURAL and give nearest town) for your I Board of F TAYLORS ISLAND, MARYLAND. AYLORS ISLAND, MARYLAND. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, a ve street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained he State B NONE TAYLORS ISLAND. MARYLAND. YES XX NO NAME OF Last Middle A DATE Month Day DECEASED OF the (Type or print) TEVI RUARK DEATH 196**1** 19 with 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR I IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED X шау age 5 may 1 and 2 wil 72 hours last birthdey) Months Hours MALE WIDOWED [DIVORCED IJNK NOWN 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. LABORER FARMER MARYLAND pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD RUARK MARY RUARK it. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknwn) ! (If yes give we ror detes of service) MR. GROVER C. HOOVER. CAMBRIDGE. MARYLAND. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN along v transit p Instant PART I. DEATH WAS CAUSED BY: Coronary occlusion ng" in pencil i r's Office alon s a burial-trans removal, and IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO Examiner (e), stating the underlying nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)] 19. WAS AUTOPSY CERTIFICATION Medical Ex should be u PERFORMED writing the word NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | <u>a</u> ~ Page. 20c. TIME OF INJURY 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 Month, Dey, Year 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Hour am While Not While et work et work 21. I certify that I took charge of the remains described above, held an Autopsy 🔏 20 Inspection Inquiry and in my opinion slease execute tr. certific t should be forwarded to FUNERAL DIRECTO or its designated agent, p death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATURE DEPUTY DEPUTY MED, CAL EXAMINER EXAMINER'S NAME (Type John Mace Address (Street, c'ty, town, or county) 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) ö O 0 4 2 CAMBRIDGE. 4/6/1961 DORCHESTER BURTAT 244- REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME Circling S. House DATE APR 1 0 '61 SM 9/60 COMPTE FUNERAL SERVICE. CAMBRIDGE

ARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Reg. Dist. No. i director, filed with PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Dorchester MARYLAND Marvland Dorchester b. CITY OR TOWN (If outside corporale limits, write E. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Cambridge should Lite Cambridge d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 108 Pine Street ON A FARM? 26 108 Pine Street YES NO TO NAME OF Middle 4. DATE Lost Month Yeor Dov DECEASED (Type or print) DEATH Mariah Elizabeth Holland Sampson April 1851 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED T 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Days Female WIDOWED [7] DIVORCED | Negro 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) physician and cremove carbon p Dorchester County ind Laborer USA 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME Claibourne Wilson mary Alice Holland IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address No Sampson. Herman Cambridge. 1B CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO ģ Conditions, if only, which gove rise to immediate DUE TO couse (o), stoling the underlying couse lost burial-transit PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) certificate S 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, Doy, Year 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. While Not while ot work 🔲 Ol work 21. I certify that I attended the deceased from 1922 that I last saw the deceased , and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED **ACTUAL** SIGNATURE prior 3 should PHYSICIAN'S he registrar NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) Burial Old Field Cemeterv Dorchester County Ma 0 FUNERAL DIRECTOR'S SIGNATUR ADDRESS 246 REGISTRAR'S SIGNATURE 24o, REC'D BY REGISTRAR Culling & Thous Cambridge. DATE PR 1 0 '61

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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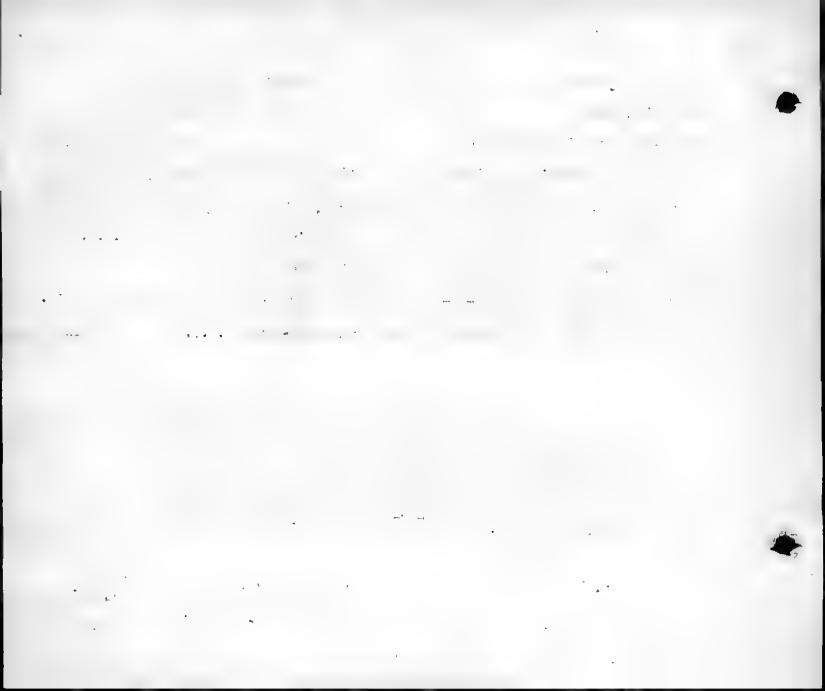


DATE APR 1 3 '61

Cintur & Traus

VS A1S (4)
15M 9/SB

within 24 hours after



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence befold edm said 1. PLACE OF DEATH director. Page for your fles. a. COUNTY **b.** COUNTY Derchester Delaware MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town | Cambridge Seaferd Board Į Į d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS 506 Pine D. O. A. retained he State B Cambridge Maryland Hospital 3. NAME OF Middle DECEASED the APRIL OTIS LIOYD TOWNSEND 25th 10 61 (Type or print) DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. orald be executed within 24 hours after deat 'in pencil in Item 18. Give Pages 1, 2, and 3 Office along with form PM3. Page 5 may I burial-transit permit, File pages 1 and 2 with moval, and in any eyest within 72 hours af lest buthdey)
59 yrs. Male WIDOWED ! DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B.RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired)
Methodist Minister S IJ Wicomico Co.Maryland Church 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ida Belle Malone Littleton Marien Townsend 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Mrs. Mande Townsend (Wife) 506 Pine St. No. or unknown) (Ifyesgive wer or detectof service) Seaford, Delaware 18. CAUSE OF DEATH [Enter only one cause per has for (e), (b), and (c) | INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Instant. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause "pending DUE TO (e), stating the underlying Examiner pesn cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 19 WAS AUTOPSY CERTIFICATION PERFORMED? ertificate, writing the word 28 NO IX Medical plnous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY [] or CONTRIBUTING [] bees execute the Certificate, writing includes be forwarded to the Chief Me should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 should be a property of the contract of the purisity. CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Dey, Yeer (County) (State) factory, streat, office bldg., atc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection and in my opinion Natural causes & Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE-DEPUTY MED CAL EXAMINER DEPUTY Apr. 29 /1961 John Mace Jr. #6Church St. Cambridge Maryland 226 NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) Apr. 29, 1961 Shad Point Cemetery-R.D.# Salisbury, Maryland 4 Ö 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Circlian S. Tirana VS. A15ME HOLLOWAY & COMPANY SALISBURY MARYLAND 5M 7/59



ADDRESS

FUNERAL DIRECTOR'S SIGNATURE

24g REC'D BY REGISTRAR

24b REGISTRAR'S SIGNATURE

requires that the death certificate be physician attending the ģ has been signed physician attending certificate nay be retained FUNERAL DIRECTOR: / sage 3 shauld be detach page 0 VS A15 (4) 15M 9/5B

executed within 24 hours after



. COUNTY ORCHESTER,

CAMBRIDGE MARYLAND

PLACE OF DEATH

OR INSTITUTION

NAME OF

b. CITY OR TOWN (If outside corporate limits, write

RURAL and give nearest town CAMBRIDGE, MARYLAND. 1 W.
d. NAME OF HOSPITAL (If not in haspital, give street address)

CERTIFICATE OF DEATH

1 WEEK

HOSPITAL

First

2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) D. STATE b. COUNTY MARYLAND MARYLAND DORCHESTER. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b FISHINC CREEK. MARYLAND. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO TX NONE 4. DATE Middle Last Month Day Year

	(Type or print)	ALE	ERT		VAND	ERLAAN	DEATH	4		10) .	19 6		
5. !	SEX	6. COLOR OR RACE	7 MARRIEDAX	NEVER MARRIED	B. DATE OF	BIRTH			IF UNDE					
MALE WHITE			WIDOWED [DIVORCED 🗌	FEB.	7 187	3	lost birthdoy) 88 yrs.	Months	Days	Hours	Min		
10a	USUAL OCCUPATIO during most of works IMPORTER	N (Give kind of work on the life, even if retired		ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) MPORTER ROTTERDAM HOLLAND						U.S.A.				
13.	FATHER'S NAME				14 MOTH	IER'S MAIDEN N	IAME							
	PIETER V	ANDERLAN				UNKNO	NWC							
		RIN U. S. ARMED FOR If yes, give war or doles of s			IRS. JO	HANNA S	. VANI	DERLAAN.	FISH]	ING (CREE	K, MD		
CATION	Conditions, if on gove rise to in couse (o), storing t lying couse last. PART IF OTH	the <u>under-</u> DUE TO	DITIONS CONTRIB	UTING TO DEATH BE	JT NOT RELATE	D TO THE TERMI	NAL DISEA:	se condition giv	'EN IN PA	ONS	9 WAS PERFC	AUTOPSY DRMED?		
II F	20a. ACCIDENT WA	S UNDERLYING	206. DESCRIBE HO	DW INJURY OCCUR	RED. (Enter not	ure of injury in I	Port I or Po	rt II of item 18)						

(IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Dov. Year o. m. p. m.

20d. INJURY OCCURRED While Not while of work ot work

20e PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

20f. (City or fown)

DIRECTOR

(County)

(Stote)

saw the deceased alive an

21. I certify that (I) (this haspital) Attended the deceased fram. and that death accurred

ΜВ

HOOSIER MEMORIAL CYURCH

M, from the causes and an the date stated above

220 STGHATURE 22c PHYSICIAN'S

ATTENDING 22d, ADDRESS STAFF

SIGNED

NAME (Type)

BURIAL, CREMATION, 23b. DATE THEREOF

NAME OF CEMETERY OR CREMATORY

23d COCA ION (City, town, or county)

FISHING

(Stole) MARYLAND.

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

25h REGISTRAR'S SIGNATURE

BURLAL (Specify)

FUNERAL SERVICE, CAMBRIDGE, MARYLAND DATE APR 1 7 '61

arthur & Kraus

CREEK.

TO FUNERAL DIRECTO
page 3 shauld be de
the State Board of He VR A15 (4) 15M 9/59

of design, filed with

the funeral

and campletely filted in

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

should be

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papers

carban physician within remaye

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ar attending physician. s certificate has been signed by ise as the burial-transit permit.

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burial, crematian.

use to b

T To

after death

M



FOR STATE

HEALTH DEPT.

Page TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the ward "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral dirid. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for fair files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	42	57										Dist. No		200
o, COL	OF DEATH	rchester			м	SARYLAND	O STATE	ence (M	-	sed lived. If instill b. COUN	utian: Resi			ission)
b. CITY	OR TOWN	Ilf outside corporate limits, writ	W RURAL	c. k	ENGTH OF S	TAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		Cambridge		1	year	2 mos								
	_	ore State Ho					d. STREET ADI					-	ON	ESIDENCE A FARM?
3. NAME	OF	Jacob			Middl		lon 11er		4. DATE OF DEATH	April.	21	Doy		1007 61
5. SEX		6. COLOR OR RACE	7. M/	ARRIED	NEVER MAI		DATE OF BIRTH			O ACE		RIYEAR		ER 24 HKS.
Mal		White		WED M	DIVOR		2/8/74			87 yrs.	Months	Days	Hours	Min.
10a. USU/	AL OCCUPAT	MON (Give kind of work	done 10	Ob. KIND	OF BUSINESS	OR INDUST	RY II. BIRTHPLAC	E (Stote	or foreign c		12. CI	TIZEN O	F WHAT	COUNTRY
	Harmen	cing life, even if retired)		Fax	mine		Man	vlar	ad			U.S.	M	
13. FATHE	R'S NAME						14. MOTHER'S MA	AIDEN N	IAME					
	Silas	Weller					Sameh	MeG 3	lain					
15. WAS	DECEASED E	VER IN U. S. ARMED FO		16. SOCI	AL SECURITY	NO. 17, IN	PORMANT	2,400		Addres				
No		(If yes, give war at dates of	Idiante)	pen.		Re	scards E.	SSI	tate H	ospital.	Camb	ride	ze. I	id.
		ATH [Enter only one cas	ise per	line for (a), (b), and (c)						-	INTE	TVAL BETW	EEN
	PART I. DE	ATH WAS CAUSED BY:			Core	mary	occlusion	1				ONS	18 181	16
1	4 2 0 - 1 DUE TO													
Cone	ditions, if	V P.J.			Arte	riosc.	lerosis							
	gove rise to immediate cause													
	foling the	underlying DUE 10												
Z	PART II, O	THER SIGNIFICANT CON		S CONTRI	BUTING TO D	EATH BUT N	OT RELATED TO TH	IE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(0) 1	9. WAS	AUTOPSY
CATION		Chronic bra					le brain						PERFC	NO P
E PRIMA	EXTERNAL CARY OF OF DEATH	AUSE WAS					nter nature of injur			772	ction	le-		
2	Hour 6. m	1.	V	0d INJUR Vhile I work [Y OCCURRED Nat while of work		E OF INJURY (Henory, street, office bloom	ne, form, dg , elc.)	20f. (City	or town)	(C	ounly)		(Stole)
21.	certify	that I took charge	of th	ne remo	ins descri	bed abo	ve, held an A	utopsy	/ [], It	spection K	. Inqu	ry 🗍	, on	d in my
opin	ion death	resulted from:	Vatur	at cause	es 🛣 . A	ccident []. Suicide [□, ⊦	famicide	, Undete	rmined	monne	- Contraction	,
ACTU	ATURE	Jen	- 2	2-2		h	M.D. CHIEF MED						DATE S	IGNED
	WINER'S	John Mac	e J		1				XAMINER X			4/2	4/6	L
16	un (Spech	4 7/2//	6/	de	edler	METERY POR	GREMATORY COM.		Flea	lessell	(County)	1	n4	9
23. FUNE	IAL DIRECTO	A SELLOW	الما	Will	ADDRESS	m Wo		ATE AD	BY REGIST	RAR 24b. REGI	STRAR'S SI	GNATU		

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